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Kansas City Medical Index.

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No. 8 East Ninth Street, Kansas City, Mo.

MAY, 1890.

CONTENTS.

ORIGINAL ARTICLES:—

Removal of the Uterine Appendages.—Report of the Case.—J. C. McClintock, M. D.	153
A Case of Abscess of the Liver.—H. C. Shuttee, M. D.	157
Blindness from Quinine, or Quinine Amaurosis.—Flavel B. Tiffany, M. D.	160
A New Osteoplastic Operation at the Ankle Joint.—B. F. Wilson, M. D.	163
Inaccuracies in the use of Drugs.—H. S. Douglas, A. B., M. D.	164
Specialism in its Relation to Neurology.—John Panton, M. D.	168

ABSTRACTS:—

Treatment of Chronic Rheumatic Sore Throat.—E. Fletcher Ingals, A. M., M. D.	171
Electric Treatment of Fibroids.—Dr. George Apostoli	172
Treatment of Morphine Habit.—Emory Lanphear, M. D.	173

CORRESPONDENCE:—

Dr. Tiffany's Case of Hypermetropia.—B. F. Fryer.	177
Carbolic Acid Poisoning.—Roberts Bartholow, M. D.	177

BOOK TALK:—

Literary Notes	178
--------------------------	-----

EDITORIAL:—

Circulation	178
Medical Colleges in the United States	179
Names of Doctors	180

EDITORIAL NOTES:—

Dermoid Cyst and Pregnancy.	180
North-Eastern Kansas District Medical Society	181
Clinical Teaching in the University Medical College	181
The Danger of Miscarriage	181
Tuberculosis Cured by Opium and Whisky	182
Tumor of the Pancreas	182
What is "Unprofessional Conduct"	183
Pepsin Cordial	183
The William F. Jenks Memorial Prize	184

LITTLE ITEMS.	184
THINGS.	189

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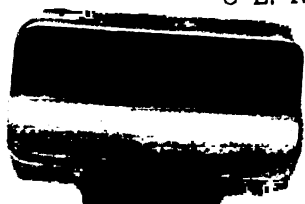
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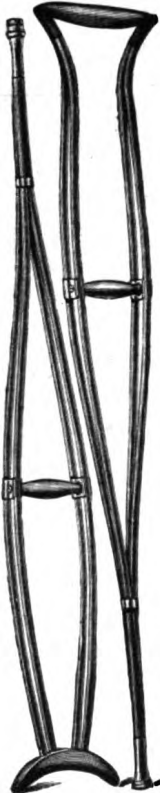
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A WESTERN JOURNAL, BY WESTERN WRITERS, FOR WESTERN PHYSICIANS.

VOL. XII.

MAY, 1890.

No. 125.

ORIGINAL ARTICLES.

REMOVAL OF THE UTERINE APPENDAGES.—REPORT OF THE CASE.

BY J. C. M'CLINTOCK, M. D., TOPEKA, KAS.

The case to be reported is one familiar to the medical world, from having been treated by leading men in foreign countries, as well as at home. The lady, Miss L——, aged forty-seven, a native of France, began menstruating at the age of fourteen, and with each menstrual period suffered severe pain both before and during the flow, the pain before menstruating suggesting some early ovarian disease. At the age of fifteen a severe coxalgia developed, lasting two years, and which has returned, at different intervals, from that time to the present.

She was first treated by Sir James Simpson, of Edinburgh, and Dr. Cruveillier, of Paris; then by Bischof, who performed Sim's operation on the cervix, for the relief of dysmenorrhœa. The operation was repeated the following year, the cervix at different times being divided posteriorly, laterally, and, in fact, in all directions; seven different incisions extending through the cervix at different times having been made. Later, she had an attack of abdominal typhus, and for that was treated by the celebrated Leibermeister with his method of cold baths. The patient says that as a result of this treatment she was left a physical wreck, owing to the great shock produced on the nervous system. Next she was treated by Veit, of the University of Bonn.

The fame of American gynæcologists having reached her ears, she came to St. Louis, where she was treated by the elder Engemann, and was for some years under the charge of Dr. G. J. Englemann, who proposed the removal of her ovaries, and offered to have Dr. Battey, of Rome, Georgia, present, he being the originator of the operation.

Dr. Engelmann was the first to correctly diagnose ovarian trouble, and to propose the radical remedy, viz.: removal of the diseased ovaries. Not consenting to this operation, she next appeared at New York, where she was treated by Lusk and Thomas, remaining in the Woman's Hospital, under the care of Thomas, for some time.

In Chicago she was treated by Drs. Jenks and Ludlam. In St. Paul by Dr. Stone. Doctors Engelmann, Ludlam and Stone were the only ones who suggested ovarian disease; all the others, including Barrett and Hodgen, treated the case for metritis and displacement of the womb, retroversions and anteversions, pelvic peritonitis and pelvic cellulitis, and for disease of the urethra and rectum. She has worn all kinds of pessaries; has been cut, cauterized, bandaged and blistered until no more blisters would rise. She has been fired with hot irons, and undergone all manner of treatment; when there was not enough cervical tissue left to be further subdivided, it was amputated. Following this operation of amputation of the cervix was a severe pelvic cellulitis, as it was called; a large swelling occurred in the left side, extending into the pelvis, which proved to be an abscess discharging through the uterus and bladder. After a time the sinus opening in the bladder closed spontaneously, but pus has at intervals been discharged from the uterus ever since.

Recurrences of peritonitis were continual, following one after another, sometimes four or five in one year; the slightest cause, such as getting the feet wet, or over-exertion, being sufficient to light up a new attack at any time. In most of these attacks peritonitis was very severe, and great danger to life was always present.

She came under my care the first of October, 1888, and had until January of this year, five or six attacks of peritonitis.

On examination I found the uterus anteфлекed, with hyperæsthesia of the internal os; the uterus very large and firmly fixed in the pelvis in its abnormal position. Periodical discharges of pus from the uterus started frequent troublesome vaginitis and vulvitis. After a time, finding the swellings in the pelvis were only reduced after a discharge of pus through the uterus, I diagnosed suppuration of the Fallopian tubes. In order to be certain that this discharge did not come from the uterus itself, I had first dilated the uterine canal and then mopped it out until it was perfectly dry, and, by pressure over the swelling on the left side, I could press out into and through the uterus quite a quantity of pus. I supposed the left ovary could be felt in the Douglas cul-de-sac, either through the vagina or rectum.

This was shown during the operation to have been an error, as the ovary could not have been reached in a pelvic examination; in reality, it was the convoluted tube studded with tubercles which had been mistaken for a mis-placed ovary. The patient had been treated for the last two years for malarial fever with a pulse of 90, but which I attributed to the absorption of pus, since quinine and other antiperiodics had no effect on the course of the fever.

During last year I insisted on the removal of the tubes and ovaries, having become satisfied that the tubes were, one or both of them, distended with pus. To this proposal I did not gain consent until this year, when I was told that the operation might be performed, if the consent of specialists in some other city be given, and my diagnosis confirmed by them. I therefore consulted, at Kansas City, Drs. Todd, Halley and Crowell. They confirmed the diagnosis, saying that there was disease of either tubes or ovaries or both, and that the operation for the removal would be the only method of treatment. Accordingly, on the 28th of January I proceeded, with the assistance of Drs. Lindsay, Stewart and Crowell, to the removal of the appendages. The strictest antiseptic precautions were observed, and the patient was prepared by a restricted diet, baths, and saline cathartics, for a week or two previous to the operation. The operation was done about ten days subsequent to the menstrual period; extreme care being taken to have the premises and surroundings in perfect hygienic condition; nothing but that which was new was allowed in the house or about the patient.

A minute description of all the antiseptic details will not be given, as many of you know my methods in such matters. The water used in the operation was pure water, distilled and boiled; and pure water alone should be used in the abdominal cavity; the antiseptic solutions should not enter therein.

THE OPERATION.

A small incision, about two inches in length, having been made in the linea alba, the sub-peritoneal fat was exposed, caught up and divided between two pairs of forceps, and in like manner the peritoneum. The omentum was found adherent, but was readily turned to one side; the fundus of the uterus was sought and easily found, it being anteverted; one finger was passed on each side of the broad ligament, and it used for a guide for the fingers in their downward and outward passage in search of the ovary; this led me to a dilated and convoluted tube, bound down with very strong adhesive bands; the ovary being found coiled in the tube; both fingers were then passed down, back of and below the tube, the adhesions torn loose and the distended tube and ovary delivered, the tube being nearly one inch in diameter and about four or five inches in length.

An aneurism needle was thrust through the pedicle, armed with strong silk ligature, which was cut, crossed and tied, one on each side. The tube and ovary were then removed, and in the stump of the oviduct was found a drop of pus, which was removed; the cavity scraped and cauterized to prevent any subsequent infection. The stump was watched a moment to see that no hæmorrhage would follow; and it was dropped back into the abdomen or peritoneal cavity.

Next an examination revealed a distended tube on the other side, a

few bands only holding it down. These were severed, and the tube and ovary removed, and no serum or blood being found in the cul-de-sac, a drainage-tube was not thought necessary; consequently, the abdomen was closed with three rows of superimposed catgut and silk sutures; the first including the peritoneum, the second the fascia, and the third including the fascia and integument. These latter were removed on the fifth day, when firm union was found to have taken place. The buried sutures have never given any sign of their presence. The patient's bowels were moved on the next day after the operation, by sulphate of magnesia; no liquids were allowed, not even water or ice, for the first twenty-four hours; after that, a small quantity of carbonated water was taken, and before forty-eight hours a small amount of beef-juice was given regularly. The diet was then gradually increased. There was no shock following the operation, and the patient did well for two or three weeks, got up and walked about the room, sat in an easy-chair, and was wheeled about through the house, but at about the beginning of the fourth week an inflammation of the femoral artery developed, with great pain, requiring the use of morphine each night.

At first I supposed it to be a phlebitis, and, when I so announced, the patient said she had suffered from phlebitis following an operation some years ago, and that she was confined to her room for four months. A more careful examination showed me that it was not the vein, but the artery that was inflamed; and the inflammation in the artery could be traced to its terminations, and some of the branches of the artery were occluded. The inflammation involved both femoral arteries, but the pain was more severe in the left. This put the patient back to her bed, where she will probably remain for some weeks.

I am satisfied that her former attack of phlebitis, of which she spoke, was an arteritis and not a phlebitis. A diagnosis was only made at that time after sending half across the continent for Dr. Pallen, of New York.

The tubes which I have exhibited here show, the one a pus-cavity or a pyosalpingitis with an abscess of the corresponding left ovary communicating through the fimbriated extremity with the oviduct. The right tube was distended with water (hydrosalpingitis), and the ovary apparently normal.

This case I hesitated to operate upon, owing to the age of the patient (forty-seven years), thinking that the menopause would perhaps soon come and bring relief; but after consulting Gil Wylie of New York city, he said that in these cases the menopause is frequently postponed until after the age of fifty, and that my patient was in very much greater danger from the recurring attacks of peritonitis than she would be from abdominal section. Moreover, as the tubes were found distended and hanging down in such a condition that they never could drain, after the menopause no improvement could have been hoped for, and so the opera-

tion was justified. This case has been and will be a tardy one in giving a complete recovery, but such recovery I am satisfied will follow. Occasionally six months is required for the establishment of good health.

NOTE.—May 7, Dr. McClintock writes that the patient has recovered from the operation.—ED. INDEX.

A CASE OF ABSCESS OF THE LIVER.*

BY H. C. SHUTTEE, M. D., WEST PLAINS, MO.

On September 29, 1889, I was called to see Mrs. D—, widow, æt. 45 years, who four weeks previously, while climbing over a fence, slipped and fell on her right side, a rail striking her in the hepatic region. She had had more or less pain in the region of the liver ever since, and the past week slight fever, anorexia and occasional nausea, but no vomiting. She was very sparely built, anæmic, sallow, and considerably emaciated. Temperature 100°, pulse 90 and weak. Had had no chills and perspired but little.

The liver was very much enlarged in downward direction, the lower border reaching some two and a half inches below the ribs, of uniform firmness and tender to the touch. No particular spot at this time was more tender than another, nor was there any bulging. Bowels were opened, and quinine, with opium to relieve pain when necessary, were given, and poultices applied. Plenty of nourishment and stimulants were ordered.

October 8. About the same. Swelling not increased, no bulging, but the lower part of the liver is more sensitive to pressure.

Oct. 16. For the past two days has had severe pain over the lower part of swelling, due to peritonitis; and an obscure sense of deep fluctuation is made out, at a point a little below and three inches to the right of the umbilicus, also between crest of the ilium and the ribs. With a hypodermic syringe pus is found at a depth of two inches in the former, and at one and a half in the latter region.

I determined the next morning, with Dr. N. C. Berry to assist me, to make a free incision; but, upon a close examination, it was considered doubtful if firm adhesions had formed between the liver and parietal peritoneum; and as the surroundings were as unsanitary as could well be imagined and the patient could not be seen often, we decided instead to aspirate. A medium-sized needle was passed to a depth of two inches, about three inches above the center of crest of the ilium, and six ounces of pus withdrawn. The abscess cavity was not washed out. Search was made in several places, with a hypodermic needle, but

*Read before the South-West Missouri Medical Society, April 21, 1890, at Springfield, Mo.

no more pus was found. She was given iron, quinine, whisky and plenty of nourishment.

The case after this improved rapidly, however not decreasing much in size. Improvement continued up to the 24th, when she had a chill, followed by high fever, and when seen again on the 27th the abscess cavity had re-filled and there was visible bulging an inch below and two and a half inches to the right of the umbilicus. A free incision was made at this point, about eight ounces of pus evacuated, the cavity washed out with bichloride solution, a drainage-tube introduced, and over this was placed bichloride gauze and borated cotton.

Oct. 29. Abscess discharging freely. No fever or pain. Attendants were instructed to wash out the abscess, which they did very imperfectly.

Nov. 3. Discharge rapidly decreasing, and patient gaining strength. After this, discharge almost entirely stopped, and the patient was able to walk about the yard. The liver had very much decreased in size.

Nov. 14. Yesterday there was a sudden free discharge of pus, doubtless from rupture of a secondary abscess into the primary one; but to-day the discharge has nearly stopped again. A close search was made, but no indications of another abscess could be discovered. She improved again rapidly, being able to be up.

Nov. 30 she had another chill, severe pain in the abdomen set up, and she died before I could see her, probably from rupture of an abscess into the peritoneal cavity. For several days before this there had been an increase of swelling and pain, but this was not reported to me until after her death. I report this case not because there is anything unusual about it, but to get the opinion of those whose experience has been greater than mine in the operative treatment of hepatic abscess. All the text-books to which I have access advise aspiration, unless there is clear evidence that the liver is adherent to the abdominal wall.

Wyeth says: "In the choice of methods the character of the abscess must determine the employment of the aspirator or drainage by incision. Aspiration is advisable when the abscess is deeply located, and especially so when strong inflammatory adhesions have not been formed between the walls of the abscess and the abdominal or thoracic parieties." "When, after repeated use of the aspirator, a cure is not effected, and when the tissues between the most superficial portion of the abscess and the integument have become so solidified by adhesions that infiltration of pus cannot occur, the abscess should be opened by direct incision, its contents allowed to escape, the sac thoroughly irrigated with 1 to 5,000 sublimate, and a drainage-tube inserted. If, after cutting down to the walls of the abscess, it is discovered that adhesions have not occurred, the sac should not be opened. The wound should be packed with sublimate gauze, and in four or five days, after adhesions have been established, it may be incised."

The *Medical News* of October 29, 1889, says: The ideas of surgeons have, in the last few years, become fairly crystallized in regard to the treatment of abscess affecting the liver. Although a great variety of measures for relief are to be found in the standard text-books, the writings of more modern investigators point to the earliest possible incision as being, beyond all others, the most successful treatment." Where typical signs are present, or where there is suspicion that liver abscess has formed or is forming, the surgeon should at once perform an exploratory laparotomy; if swelling is present, the incision should be made over its most prominent part. If this important guide is absent, the incision should begin at the costo-chondral articulation of the tenth rib, and be carried directly downward in the long axis of the body. If the surgeon fears that his antiseptic precautions or his manual skill are not sufficient to prevent the entrance of microorganisms or blood into the peritoneal cavity, he can satisfactorily explore the liver surface by Bradenheuer's or the so-called peritoneal incision—that is, the knife may be carried down to, but not through, the peritoneum. The latter may be stripped from the parietes, and the fingers may be carried over nearly the entire surface of the liver, with the interposition of only a thin membrane. In this way swellings, irregularities of surface or fluctuation can be readily discovered.

"If adhesions have not formed between the liver and peritoneum, the surgeon should suture these two surfaces together, and then, having so placed his thread that the peritoneal cavity is absolutely protected against the entrance of pus, should freely incise the abscess cavity, and should make ample provision for drainage.

"At the time of the operation the surgeon should carefully explore for secondary abscesses, and, if found, should, by means of his finger or the end of a blunt instrument, break through the wall separating them from the major cavity.

"There have been many cases successfully treated by means of aspiration, but both statistics and anatomical reasoning would strongly indicate exploratory laparotomy. We can never be sure, unless superficial signs of inflammation are present, that the liver is adherent to the parietes. Any puncture into the organ would, if such adhesions had not taken place, expose the patient to the risks of septic peritonitis. Thorough evacuation, either through the canula or aspirating needle, is absolutely impossible, and the surgeon is left in ignorance as to the existence or non-existence of more than a single abscess."

Now this is doubtless good practice for hospital surgeons, but for the country surgeon, who is probably not possessed of the maximum operative dexterity, and who often is altogether unable to control the surroundings of his patient, it is, in my opinion, not justifiable; and I submit that, for him, the operative treatment of hepatic abscess must continue to be aspiration in the early stage, and later, when adhesions be-

tween the liver and mural peritoneum are sufficiently firm to insure against the entrance of pus into the abdominal cavity, incision and drainage.

It seems to me that the dangers incident to aspiration, above quoted, are overdrawn; and that where there is considerable liver substance intervening between the abscess and the surface of the organ, as there must be where the abscess is deeply seated, and in all cases before it has approached sufficiently near the surface to set up peritonitis, the use of a small aspirating needle would be almost, if not quite, absolutely safe.

In regard to the early diagnosis of adhesions, I cannot refrain from quoting from an article by Dr. Deaver in the *Medical News* of February 12, 1890, which, if true, will enable a surgeon to incise a liver abscess several days sooner than has heretofore been considered safe. He says:

"Accompanying the pains of peritonitis, there is tenderness on pressure over the seat of the pain, usually very extreme, but perhaps over an area so small that it may be covered with the end of a finger. As the swelling of the underlying organ increases, the area of contact between it and the abdominal wall extends, and the inflammation of the parietal peritoneum, being dependent upon contact of the opposing surfaces, spreads accordingly. The portion of the peritoneum which is first inflamed becomes adherent to the opposite surface first, and as soon as the adhesion is firm enough to prevent movement and friction, the extreme pain and tenderness over its extent, be it ever so small, disappears.

"If the inflammation continues and extends after a point of adhesion has formed, the area of tenderness will move with it; and if it spreads in all directions the tender area will become ring-shaped. As the inflammation advances, the ring becomes larger, all the time preserving the excessive tenderness to pressure, which is characteristic to inflamed peritoneum; and the central area under which adhesions have formed, and which consequently has lost its tenderness, increases in size correspondingly."

When the central area has lost its tenderness, he says that the adhesions are sufficiently firm to make a free incision perfectly safe, and that it is altogether unnecessary to wait for the classical signs of adhesions, such as sub-cutaneous œdema and swelling, fluctuation and inflammation of the skin.

BLINDNESS FROM QUININE, OR QUINININE AMAUROSIS.*

BY FLAVEL B. TIFFANY. M. D., KANSAS CITY, MO.

Professor of Ophthalmology, Otology, Histology and Microscopy in the University Medical College of Kansas City, Mo.; Oculist and Aurist to the All Saints Hospital, German Hospital, Missouri-Pacific Railroad Hospital, the East Side Free Dispensary, etc.

February 18, 1890, I was called to see U. S. Commissioner Wm. V.

*Read before the Missouri State Medical Association, May 18, 1890.

Childs, who, the brother said, had gone blind the night previous. On my reaching the residence of the patient I obtained the following history:

Mr. Childs is a lawyer by profession; is 34 years of age and in usual health, excepting that for a few weeks previous he had been a little indisposed from a slight attack of *la grippe*. He is a man of good habits, uses a slight amount of tobacco, not more than three cigars, on an average, per day. Does not use alcoholic liquors as a beverage. He had been in the habit of taking quinine, but only in small doses, as he had always noticed that even in small doses the effect was invariably prompt and marked, producing ringing in the ears and dizziness. February 17, 1890, he got the following prescription from Dr. W.:

“ R Quiniæ sulph. ðij
 Ipecac. et opii comp. gr.xij
 Misce, et ft. capsul. No. viij. Sig.: Two capsules
 every three hours. H. B. W.”

He says that he took one capsule at 8 P. M., the evening of the 17th, two at 11 P. M., one at 1 A. M., and two more at 4 A. M. “After taking the sixth,” he said, “I looked at my watch, and it was then 4:30. I noticed nothing wrong with my sight, could see as well as ever I could: I felt sleepy, lay back, went to sleep and slept until morning. When I awoke I found it was very dark—I couldn’t see a thing. I then found my way to the window, opened the window-blinds, and found that I was totally blind. I groped my way to my brother’s room where I found it was 8:30, a bright morning; but I was unable to distinguish day from night, all was inky blackness; and only a few hours since I could see perfectly well, and now at this hour (10:30, A. M.) I can only see a halo of light, with a spot in the center which appears bright and the size of a silver dime.”

Examination revealed pupils dilated *ad maximum*, not responsive to the stimulus of light; and total blindness, he not being able to recognize even a pencil of light when flashed upon the eyes by the ophthalmoscope. The optic nerve and retina were blanched and anæmic. The optic nerve appeared swollen and partially atrophied. My diagnosis was *quinine amaurosis*. I ordered an aperient of mineral water to be taken immediately, and to be followed in the evening by a hydrogogue cathartic, and a $\frac{1}{2}$ per cent. solution of eserine dropped into the eyes every four hours.

The following evening I found the pupils contracted to a pin’s point, but not a particle of vision in either eye. The patient was allowed a bandage over the eyes, as he said they felt better bandaged. The following morning I began the use of sulphuric ether by inhalations, and kept the patient in a recumbent position. The pupils now were about the normal size, but did not respond to the stimulus of light, and the tension still above the normal. I ordered the *eserine* to be used twice a day, and the patient to scrupulously keep the recumbent position. The following day (February 20) I telegraphed to Dr. John Green, of St.

Louis, Mo., who in reply telegraphed back suggesting, in addition to what I was doing, the use of amyl nitrate of one-drop dose by inhalation. This was commenced the following day (February 21), and took the place of the *ether*. The patient had already noticed that he could recognize a flash of gas-light when suddenly turned on directly in front of him. This morning an examination of the fundus of the eye showed about the same condition as at the first examination, except that the disc had a more bluish cast, with a greenish crescent on the temporal side of each. The retina was still anæmic, the veins greatly engorged and tortuous. The morning of the 23d the patient began to make out the outlines of luminous objects. The objects, he said, would seem to partially appear for a second, and then would gradually fade away and all would be dark again. Could count fingers if before a bright light, and discern the openings between the slats of the window-shutters. The *eserine* was continued once or twice a day; amyl nitrate once an hour during the day, and the patient still kept in the recumbent position with his eyes closed and bandaged. On the following day (February 24) he could recognize his friends, though it seemed to him that he was looking through a veritable London fog.

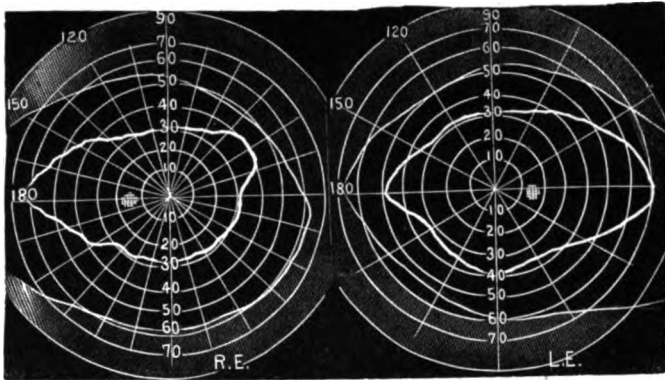
Examination of the fundus reveals much the same condition as the last examination, viz.: the veins still remaining tortuous, engorged, with sluggish circulation; the retina being pale and swollen, with the bluish-gray color. To-day (February 28) Mr. Childs could see to make out the headings of newspaper articles, but everything appears as in cameo. All flat objects, as pictures upon the wall, seem to stand out thick and solid; everything, he says, has an appearance similar to objects seen in a dark well or cave, dimly lit up by a single feeble light. Objects directly in front of him gradually come out plainer as he continued to look at them, while surrounding ones slowly fade away.

March 1. Objects come out plainer, but still continue to waver, or come and go. To-day the retina has regained, to some extent, its normal color, yet it is still blanched and the disc is especially anæmic.

March 2. Patient speaks of the sight being better at the close of the day than in the morning, but yet the eyes are not sensitive to bright light. He is able to stare at the bright gas-light without being dazzled, and as he looks out on the street this morning (a very bright, sunshining morning), everything appears as though seen through a dark smoked glass. He thinks that the surrounding objects come out as well as those directly in front, or in other words, he thinks that his field of vision is not contracted; but everything appears hazy, or as by moonlight or twilight. The pupils continue to dilate if the myotic is not used at least once a day, and the tension of the globes is above the normal.

March 4. He can see, with an effort, to read ordinary newspaper print but as though he were reading by twilight. Speaks of the buzzing of the quinine still in his head, and says that the effect is not yet gone.

March 8. The vision is no better than on the visit of the 4th, and about the only difference is that the eyes are a little more sensitive to light. In order to see to read a flood of light is necessary, and even then it seems as though he were reading by twilight. It seems to be the experience of the best authorities that although in some cases *quinine amaurosis* dooms the unfortunate subject to complete and irremediable blindness, yet many recover central vision with more or less contraction of the peripheral field.



March 24. The patient came in my office for the first time. His vision is greatly improved. Of the right eye it is 20-40ths, of the left eye 20-30ths, but the perimeter reveals a limited field of vision, especially in the vertical direction of the peripheral field. The accompanying cut shows the exact field of vision taken March 24, 1890. The field of the left eye was slightly wider at the temporal and upper portions.

A NEW OSTEOPLASTIC OPERATION AT THE ANKLE JOINT.*

BY B. F. WILSON, M. D., SLATER, MO.

[Chief Surgeon Chicago and Alton R. R., Kansas City Division.]

An operation, neither Syme's nor Pirogoff's, was recently thus performed :

James S. E——, age sixteen years, was injured January 12, 1890, at 5 P. M. The operation was performed the same day at 8 P. M., under antiseptic precautions. *Method:* Disarticulation at tibio-tarſal articulation by a dorsal incision from the internal to the external malleolus; ex-articulation of the head of the astragalus, severing of inter-osseous liga-

*Reported at the National Association of Railway Surgeons.

ment and removal of entire foot save the os calcis; os calcis left *in situ*, a segment consisting of its outer two-fifths being sawn off transversely; malleoli sawn off, leaving articular cartilage; and sawn articular surfaces brought in apposition without cutting tendo-Achilles; large plantar flap brought up to close incision. *Result*: Temperature never rose above 101° F.; union by first intention was received, the first dressing being removed on the tenth day on account of pain caused by the silk thread left in the wound to insure drainage if needed. There was no pus. In three weeks the patient was about on crutches, and in three months walking nicely with a cane.—Shortening one and one-half inch.

The advantages claimed for this are: The tendo Achilles is left intact, with no wounding of the adjacent tissues. There is no pocket formed where pus or septic materials may accumulate. The cicatrix is so situated (anteriorly) that it never interferes with the usefulness of the stump, being far better than those shown in figures 212, 214 and 216 in Wyeth's Surgery. Above all, the stump is a most serviceable one—the surface upon which the weight of the body is thrown being that accustomed to such service. viz.: the tissues covering the heel.

INACCURACIES IN THE USE OF DRUGS.

BY H. S. DOUGLAS, A. B., M. D., KANSAS CITY, MO.

Though selection of remedies, prescription-writing and dosage are by no means our most important functions in the care of a case; though they are often somewhat mechanical, yet drugs are universally recognized as among our best aids in controlling disease. Such being the importance of our armamentarium, it is the aim of this paper to consider, not therapeutics, but how carefully we use the various materials and preparations which the Pharmacopœia places at our disposal; in short, how accurate and exact is our prescription-writing and dosing. The practice of medicine is influenced by too many complex factors to be an exact science, but in the administering of certain well-known drugs there can surely be a near approach to precision. Let us see how near we come to it.

The great majority of our most useful medicaments have been known and used for many years, have been studied clinically and experimentally by a host of observers, and the results have been scientifically set forth in many works on materia medica. The skill of the pharmacist has done much in the invention of stable and concentrated preparations, and the fruit of their labors has been preserved in the Pharmacopœia. A combination of both is found in the ponderous volume of the Dispensatory.

Of the various preparations of the Pharmacopœia, among the most widely used are the tinctures and the fluid extracts; and they may be considered as a fair criterion of the agreement of therapeutical writers regarding the amount of the dose of any drug. Of these authors the most popular and widely studied in this country are Bartholow, with his abounding faith in drugs; H. C. Wood, the apostle of physiological action; Stillé, Ringer and Biddle. The works of all of these have been consulted in determining their uniformity in the *maximum* dose of important drugs. In this inquiry the work of Ringer may be excluded, as he deals but incidentally with the doses of the various preparations. In the exceedingly scientific treatise of H. C. Wood the dose is almost invariably given in drops, or other inaccurate or approximate measure. Biddle often neglects to speak of the greater number of preparations, giving the dose of but one or two. Bartholow alone methodically states the dose of all officinal and many non-officinal preparations, and hence is the most valuable for consultation in this matter. The Pharmacopœia directs that all fluid extracts shall be so made that each cc. of the extract shall represent one gramme of the drug, thus forming a fixed and definite preparation. The tinctures, however, are made to vary in relative strength in a manner purely arbitrary, for the tincture of some mild drugs is made weak, and requires a large dose, while the tincture of other powerful drugs, which act violently in small doses, is made as concentrated as possible, thus cutting down in some the amount safely given to the fraction of a drop. Surely, this is absurd.

Taking up more in detail some of the prominent drugs of the *materia medica*, let us see how well the works of reference agree with themselves and with each other in the amount of the maximum dose of several important preparations:

Of the tincture of *veratrum viride*, the maximum dose is stated by Wood and Stillé as six drops; Bartholow gives five minims, being nearly double the dose stated by the other two authors mentioned. But of the fluid extract Bartholow gives the dose as also five minims, the same as the tincture; but as double the amount of the crude drug is used in the preparation of the former as in the latter, it follows that Bartholow's dose of the extract is twice as powerful as that which he gives of the tincture; while it is four times more powerful than the dose of the tincture given by Wood and Stillé. Of *cannabis Indica* Bartholow gives one fluidrachm of the tincture, and half a fluidrachm of the fluid extract; thus his dose of the fluid extract is two and one-half times as great as his dose of the tincture; a vast difference, and in case that an active preparation is prescribed, capable of producing serious results. Of *digitalis* Bartholow gives one fluidrachm of the tincture and but three minims of the fluid extract. In other words, his dose of the tincture is three times as great as that of the fluid extract. Wood gives but twenty drops of the tincture, or one-sixth of the amount given by Bartholow; while Stillé

and Biddle give but one-third of Bartholow's dose of the tincture. Of the preparations of lobelia Bartholow gives two and one-half times as much in active strength in his dose of the fluid extract as he does of the tincture. The same holds true of aconite, as he orders a five-minim dose of each, while the fluid extract represents two and one-half times the amount of the crude drug represented by the tincture. This careless and unreliable manner of statement of the relative doses of each drug is found all through Bartholow's work, and adds little to its reputation as a reliable text-book and work of reference. Examples could be multiplied of the variations of the statements of different authors regarding the dose of the same preparation, but the few instances quoted above will suffice to show how little dependence is to be placed upon our standard works on materia medica, in this important particular. Either our faith in the action of drugs is not founded in fact, or else great harm must often result from this haphazard way of prescribing aconite, digitalis, veratrum viride, or other powerful remedies.

But, aside from the books, we have to contend with yet other sources of error. In ordering medicine in liquid form, a strict measure of each dose cannot be expected when administered by an inexperienced nurse. We are compelled, perforce, to depend upon those exceedingly elastic measures, the drop, the teaspoon, and the tablespoon. Often dessert-spoonful doses are ordered for people who do not have a dessert three times a year, and who have no special utensil for such a movable feast. The drop is of more importance. It varies widely, according to the nature of the liquid, the size of the lip of the bottle, the angle at which the bottle is held, the temperature, and the rapidity with which the drops fall. In prescribing, this can be discounted to a certain degree, by bearing in mind, when ordering the dose, the density of the liquid and the necessary size of the bottle; but it becomes of far more importance when, as is too often the case, the physician himself confounds the drop with the minim in ordering the amount of any given preparation used in compounding his prescription. In prescribing full doses of dangerous drugs, this is a consideration of importance. Five drops of tincture of aconite root dropped from a sixteen-ounce bottle is a very different matter from five drops from the minute tip of the medicine dropper, while each of these would vary materially from the five-minim measure; in certain cases these differences could produce fatal results. Tinctures of aconite, digitalis, etc., give 120 average drops to the fluidrachm, while only 57 are required to make the same measure of Fowler's solution; and so forth, through all the liquid preparations of the Pharmacopœia, each will have a difference in the number of drops in any given measure. He who writes all his prescriptions on the assumption that 60 drops of any liquid will make one fluidrachm is guilty of a carelessness that might easily result fatally. It might be an open question whether many a pa-

tient's idiosyncrasy to a drug does not lie more in the vague ideas of his doctor, druggist and nurse in regard to liquid measure than it does in his own proper person. The experimental observer and author, the physician, the druggist and nurse are all actors in this Comedy of Errors; how often is the end of it all a tragedy for the unfortunate patient?

But in this happy age of improved pharmacy, when our office tables are thickly strewn with circulars, pamphlets and other publications of the enterprising drug-firms who have kindly taken upon themselves to save the physician the mental wear and tear of thinking out his own prescriptions, and when the once broad boundary between rational medicine and patent nostrums has become a line almost mathematical in its tenuity: under such favorable conditions there should be some remedy found for this state of things, particularly in this year of Grace in which it is to be determined what preparations the Great American Public is to be dosed with for the next decade. Of all the problems of medicine, this should be the most readily settled on an accurate basis.

The fundamental error of the Pharmacopœia consists in maintaining the strength of a standard measure of a liquid preparation in reference to a given weight of the crude drug. This merely adds to the liability to confusion, for not only must the dose of the drug be remembered, but also that of each of its preparations. First, let the average dose of the drug for a robust adult be determined. This would seem by no means an easy task, but the discrepancies of therapeutical writers are manifestly more the result of carelessness than of inability to state what such average dose would be. Then let one set of preparations, preferably the tinctures, be made of such uniform strength that one-half a fluidrachm would, in one and all, represent this average dose of the crude drug. This would at one stroke do away the necessity for a vast deal of memorizing in regard to the proper quantity to be given of each of the hundreds of preparations; and at the same time would take away the constant temptation to think in drops instead of minims in prescription-writing. The standard of strength would thus be arranged for the convenience of the physician who is responsible for the action of the remedy, and not for the convenience of the manufacturing pharmacist, as it now is.

In regard to the measurement of the dose of a given mixture less could be done, but a step in that direction might be made by the general use of graduated medicine-glasses; they are cheap, and not beyond the means of any one able to pay for his own medicine, while a general demand for them would render them still cheaper.

There are yet other sources of error in the great variations in quality of the crude drugs used by the manufacturing pharmacist in the preparation of fluid extracts and tinctures; but this, though a most important matter, is one which lies beyond the power of the profession to prevent,

and hence out of the scope of this paper. But we can, and should, insist on more correct statements in our leading therapeutical works; cultivate a more careful method of prescription-writing; see to it that the doses when given are accurately measured; and, more than all, demand that at least one set of preparations be made of a uniform dose strength.

We have abandoned the awful bolus and the appalling apozem of the days of our grandfathers, but we have gained little in accuracy. The present system, or lack of system, can add nothing to the respect felt by any pains-taking person towards what should be the most exact and accurate department of medical science.

SPECIALISM IN ITS RELATION TO NEUROLOGY.*

BY JOHN PUNTON, M. D., KANSAS CITY, MO.

In closing my former paper, I stated that there was at least one special department in medicine whose field was not overburdened with investigators, and which, in my judgment, is the department of study pre-eminent in medicine, viz.: Neurology. It will be my aim in that which is to follow to show why I think this is so.

In making this claim I trust I may not be understood as saying that consequently all the other allied branches already referred to are not necessary or important, or as even attempting to rob them of their specific value; indeed, they are just as indispensable, and their uses as manifold and equally as good; yet when we remember that it is by means of the nervous system that we see—feel—hear—touch—taste—smell,—that in our brains are stored all the memoirs of the past, and present events; that in fact we perform every act of our animal life by the same agency; who will be found to deny the claim I make in assigning to Neurology the very highest place in Medical Science? And hence the necessity of knowing the latest information regarding it becomes apparent at once.

If the brain is the supreme controlling center of all our actions and related, as we believe it is, to every tissue and energy of the body, surely a thorough knowledge of its functions and structure is indispensable to the scientific physician; and yet we are all conscious of the fact that, as a rule, it receives less attention in our colleges than perhaps any other branch of medical science.

One reason for this, perhaps, is its acknowledged complexity and intricate mechanism; but, thanks be to specialism, many of its former difficulties have to a large extent been overcome; and to-day its study is comparatively easy. The famous American crow-bar case, although oc-

*Concluded from last number.

curing less than forty years ago, may be said to be the starting-point of neurological science proper.

In this case, we have an iron bar three and a half feet long, one and a quarter inches in diameter, and weighing about thirteen and a half pounds, completely perforating the skull and passing through a man's brain, due to the premature explosion of some gunpowder. After the accident the man walked up a flight of stairs, and told his friends how it happened. For some time his life was despaired of, and, strange to say, he developed no paralysis or marked impairment of the intellectual faculties. He finally recovered, and worked as a day-laborer on a farm. Twelve years after the accident he died, and as the facts in the case were so unusual many laughed at the possibility of such an occurrence; while others pronounced it an American invention, and in order to satisfy and demonstrate its genuineness the skull was exhumed after death, and it is now in the medical museum of Harvard University.

Its remarkable features startled and confounded the entire medical world, and rendered untenable all previous theories regarding the architecture and functions of the nervous system, and, more especially, the brain.

Since then a large number of scientists have devoted their exclusive attention to its study, and the conclusions drawn from their ingenious and elaborate experiments have definitely established many wonderful scientific facts and discoveries, which had hitherto been unknown and even unsuspected, and which in themselves have been sufficient to justly place neurological science at the very summit of medical specialism. To-day the crow-bar case is no longer a mystery to neurologists, or even regarded as an American invention by foreign critics, but by grasping the principles therein enunciated the science of neurology was made possible, which, by its further elaboration, has become the grandest tribute to medicine as well as to mankind.

By the application of its principles, and a correct knowledge of the symptoms present in any given case, a skilled neurologist can determine the exact situation, extent and possible cure of the disease or injury.

We know to-day that a slight injury to the medulla oblongata may produce immediate death, while a crow-bar or bullet may traverse another portion of the brain and recovery be possible. Hence we find one limited part essential to vital processes; another presiding over voluntary motion; another over sensations of pain, touch and temperature, while other portions dominate the functions of the various special senses. Any injury to any of these parts causes a suspension, loss or exaltation of the parts or functions which they supply.

The nervous system, with the brain at its head, bears the same relation to the body as the helm does to the ship; it is its supreme directing force; or it may be likened to the steam in the main office of a complex

system, where messages are constantly being transmitted to all its various ramifications.

Any interference, be it ever so slight, in any of its component parts meets with a proportional effect at headquarters, and by its reflex powers influences the more remote parts of the system.

Thus the whole human organism may be said to subserve the brain, indeed everything that lives, looked at from an evolutionary point of view, tends towards mentalization, and all the tissues of all the organs of all types of animal life find their acme in the human brain convolutions hence, to understand the full relation and influence of mind to the body, an accurate knowledge of the structure and functions of the nervous system is absolutely essential and necessary to success in the healing art. This is further illustrated by the fact that it is now claimed by many of the more advanced teachers that at the present time and for the last half-century there has been evolving an altered relation between mind and body; that is to say, that the mind of the present generation is more generally and intensely active than the mind of the immediately preceding generations.

This is not the same as saying that the average man of the present generation has more sense and judgment than his grandfather, or that the men of the present age are greater than Shakespeare or Washington. It is simply affirming what I believe to be true, that the average mind of the present age is much more active, and subjected to much more wear and tear, than was the average man's mind of the past few centuries; and if this be true, it is only reasonable to believe that they are infinitely more susceptible to nervous diseases. As the brain is the recognized organ through which the mind is made manifest, and as having relationship, by means of the nervous system, with every part of the body by affecting all its tissues, controlling all its functions and regulating all its energies, surely its study becomes of paramount importance and takes precedence of all others.

The time is fast approaching, or even at hand, when in the consideration of almost every and any disease it is as necessary to recognize the state and influence of the mind as it is to include the condition of the bowels, liver or stomach, or the standard of the pulse and temperature, or any of the other collateral functions of the body; and the future of our success in therapeutics will be in proportion to the amount of attention we give to this unwritten law, and allow its influence to direct and govern our actions. Indeed, the supreme influence and power which the brain and nervous system exercise over the animal economy is in itself sufficient to force us to recognize its claims and authority, and thus urge us to give it the due prominence in medicine it richly deserves.

Now is the time to send \$2.00 to the INDEX.

ABSTRACTS.

TREATMENT OF CHRONIC RHEUMATIC SORE THROAT.

BY E. FLETCHER INGALS, A. M., M. D., CHICAGO, ILLS.

[Professor of Diseases of the Nose and Throat, Rush Medical College.]

In the *College and Clinical Reporter* (April, 1890) is given a valuable article, from which the following abstract is taken :

In treating these cases, our first attention should be directed to prophylaxis. With this in view, we must be careful that the patient is well clothed and housed, and that he is not exposed to undue changes of temperature or to wet or damp atmosphere. Rheumatic patients should always wear wool or silk next to the body throughout the whole year, light in summer and heavy in winter. They should be careful that all the excretory organs of the body perform their functions properly. They should eat sparingly of such albuminous substances as meat or eggs, and should live largely on vegetables or fruit. The vegetable acids are often advantageous. Whatever is eaten, it is especially important that digestion be perfectly performed, so that the system be not poisoned by the formation of ptomaines.

For the local treatment of the disease, sedative or stimulant applications may be made with almost equal chances of relief. Applications of the tincture of aconite to the painful spot four or five times a day will sometimes give considerable relief. I have frequently found relief from the action of stimulants, as, for example, solutions of sulphate of zinc. The application of morphine in solution or in powder is sometimes a source of much comfort to the patient. I have derived more benefit, I think, from the application of a spray composed of morphine, carbolic acid and tannic acid, in glycerine and water, than from anything else. This solution consists of 4 grains of morphine, 30 grains each of carbolic and tannic acids, and 4 drachms each of glycerine and water. I apply it in full strength, and frequently give it to the patient in a solution of half this strength, to be used daily in the form of spray. In some cases the strong tincture of iodine gives relief; in others the application of a sixty-grain solution of nitrate of silver has proved beneficial. These applications do good on the same principle that blisters sometimes relieve a rheumatic joint.

The most important part of the treatment is the internal medication. For this purpose salol, the salicylate of sodium, iodide of potassium, guaiac, phytolacca, and the oil of gaultheria may, one or all, be used at different times with benefit. The salicylate of sodium in doses of from $7\frac{1}{2}$ to 10 grains four or five times a day; the oil of gaultheria in doses of 15 minims three or four times a day; the ammoniated tincture of

guaiac in doses of a teaspoonful three or four times a day, or the resin of guaiac, in lozenges, frequently repeated, are of considerable value. But I have derived the most benefit from the extract of *phytolacca* and salol, combined with a laxative, and sometimes with the iodide of potassium or with the bromide of potassium for its sedative effects. I give the extract of *phytolacca* in doses of from 2 to 4 grains, and salol in the same dose, or sometimes in doses of 10 grains. Tincture of *bryonia* and of *cimicifuga* have been claimed to be valuable remedies in the treatment of rheumatism. I have used them both, apparently with slight benefit in some instances, but the obstinate cases have done better under the *phytolacca* and salol, with the occasional use of the other remedies already suggested.

I have records of over fifty well-marked cases of this disease observed during the past four or five years, from which I deduced what I have said in this paper regarding the symptomatology, prognosis and treatment.

THE ELECTRICAL TREATMENT OF FIBROIDS.

BY DR. GEORGES APOSTOLI, PARIS, FRANCE.

The *Nashville Journal of Medicine and Surgery* says: Apostoli attacked the method particularized by MM. Championniere and Davion at the meeting of the French Congress of Surgery. Their method is based on the employment of currents of moderate intensity, the extra-uterine action and the reversed action.

He claims the inferiority of this method for various reasons. Their statements are based on seven months experience and eleven cases, while the method of Apostoli has been established seven years, has received the approval of all who have used it, and includes several thousand observations in France and other countries. They remain surgeons and continue to perform castrations and hysterotomies. They select their cases, using the current in aged women or those but little sick, and operating on the young women. They admit of failures, which legitimize their surgical intervention. Their method remains vaginal and extra-uterine, preventing all cure of the accompanying endometritis. With them, the relapses are constant if the treatment is not continued. They do not affirm as to the disposition of the inflammatory deposits. "*La fonction des eaux chloruées sodiques*" which they praise, sees that their method is at fault. They have not proved the evident anatomical reduction of the fibroma.

Apostoli asserts the efficaciousness of his method: Because it has the pretension to suffice in itself, and in most cases to supplant surgery in the treatment of fibroma. It does not require the selection of cases.

and all cases are ameliorated, young and old. Because failure is the exception in all cases of simple fibroid tumors, not fibro-cystic, which are not complicated by ascites, and without puerperal lesions of the annexes. Because there is utilized the action of vaginal galvano punctures, either singly or in conjunction with the intra-uterine action, which is necessary for the endometric lesions. Because relapses are the exception, and the greater part of the results remain constant if the treatment has been sufficiently prolonged. Because it embraces within its sphere of action under formulæ of intensity and diverse localization, the treatment of fibroma, that of endometritis and metritis, and of a great number of cases, of ovaro-salpingitis. Because it can do without an additional treatment, even that of *les eaux chloruées solique*. Because there has been observed an anatomical reduction of the fibroma not total but partial. His method is inoffensive and always supportable if the rules are conformed with, the very rare cases of death are due in great measure to errors in diagnosis, tumors of the appendages mistaken for fibroma and electrically treated.

Apostoli claims the priority and paternity of all medical electrical applications exceeding fifty milliampères. For two years he has exclusively employed intensities from forty to seventy milliampères; since that time he has considered it necessary to increase, not in an exclusive and blind manner as has been stated, but by a rational and progressive method, according to the cases.

The intensity should be moderate in cases of uterine intolerance or peri-uterine affections; the intensity should be increased in all the grave forms complicated by endometritis or by hæmorrhage.

Aimé Martin and Cheron were the first ones to particularize (1879) the action extra-uterine, either on the neck or on the vagina, and were the first to use the reversals, or the interruptions of the galvanic current. Moutz Bendick, of Vienna, had also applied reversed galvanic current before MM. Championniere and Davion.

TREATMENT OF MORPHINE HABIT.

BY EMORY LANPHEAR, M. D., KANSAS CITY, MO.

Surgeon to East Side Dispensary.

In the *Journal of the American Medical Association* the author says :
By the introduction of new remedies considerable change has taken place within the past three years in the management of cases of the morphine habit. My present method of treating is, briefly, this: Upon admission to the hospital the patient is introduced to his special nurse who is to be his constant companion during the succeeding six weeks, and after being made comfortable is given an initiatory bath. He is then requested to give up his instruments and morphine, as the physi-

cian henceforth is to attend to the administration of the drug; he does this willingly and makes no attempt at concealment if he be in earnest about undergoing treatment—if he be not, cure were better left unattempted. Under no circumstances is the patient humiliated by *searching* the clothing and trunk, as advised by many authors; it is the key-note of dissatisfaction, and discord can be the only result; in other words, the subject is made to feel that confidence between patient and physician is mutual.

WITHDRAWAL.

After these preliminary steps an assurance is given the patient that he is to be made as comfortable as possible, and that the pain will be reduced to the minimum. He is then left to become accustomed to his surroundings, and at the proper hours the hypodermic syringe is brought into use by the attendant who opportunely makes his appearance just as the patient begins to be uneasy. No attempt is made at reduction the first day in hospital; this encourages the subject, causing him to feel confident of the truthfulness of the doctor in the statement that there will be little suffering. Upon the second day but little reduction is made except at the urgent solicitation of the patient, which is not at all uncommon. On the third day the amount is diminished *one-half* (provided a large quantity is being used—less than one-half if only a few grains are being taken daily); on the fourth day a reduction of one-half; the fifth the same, and so on. Thus, if sixty grains be the amount taken, on the second day perhaps fifty grains may be injected; on the third day thirty, on the fourth fifteen, on the fifth eight, on the sixth four, on the seventh two, on the eighth one, on the ninth one-half, and on the tenth pure water. Frequently the diminution can be carried on much more rapidly than this; more than once I have run the scale from sixty grains, taken hypodermatically, to nothing within a period of four or five days, but most cases require from seven to ten days for complete withdrawal. Each case must be a law unto itself. Alarming symptoms may demand slowness; happy symptoms prompt haste. Undue prolongation of withdrawal is to be studiously avoided, as it is even more cruel than the abrupt discontinuance of the Levenstein method.

INSOMNIA.

Nothing is given to produce sleep the first night—nothing is needed; the second night the patient is given his last dose of morphine at ten o'clock upon retiring, and this suffices. At eight o'clock on the third night twenty grains of sulfonal are given; the patient then is allowed his second bath, and at half-past nine the sulfonal is repeated, and an hour later the morphine. During this night the patient will be somewhat uneasy, but will sleep fairly well; the next will be a troublesome one, so at 6 P. M. he is given four grains of monobromide of camphor, and the dose is repeated at seven, eight and nine o'clock; at ten recourse is again had to the scruple of sulfonal, and at eleven the same amount is

administered simultaneously with the last injection of morphine, the number of injections having now been reduced to two *per diem*—one as late in the day as the patient will permit, the other at bedtime. The next night and the next the same procedure is carried out and, with possibly one night of sleeplessness, from four to eight hours' sleep will be secured each night. The amount of monobromide of camphor is rapidly decreased after three or four nights, and as soon as possible the sulfonal is superseded by ammonium bromide, which is also nightly reduced in quantity until nothing is taken. This is usually about the fourteenth or fifteenth day.

DELIRIUM.

Delirium, if it arise, as is frequently the case if withdrawal has been rapid, is met by the hypodermatic injection of one-sixtieth (1-60) grain of hyoscin hydrobromate, repeated in one hour if necessary. A third dose is never given inside of eight hours. In one case (of abrupt withdrawal) where maniacal symptoms arose, the same quantity of hyoscyamine sulphate acted kindly, but the other hyosciamic alkloid has proven eminently satisfactory in my hands. A brief period of excitement follows its injection, succeeded by a feeling of calmness—even tranquillity—which persists from four to twelve hours. I have never had a dangerous symptom from its use, and in only one case have I found it devoid of efficacy.

DIARRHŒA.

Under this mode of treatment diarrhœa has not proven the distressing feature that it has in former cases—why, I do not pretend to say—I simply record it as a clinical observation. Salicylate of bismuth has given fairly good results when tried, but most reliance is placed in a mixture of bismuth subnitrate, tannic acid and aromatic syrup of rhubarb in quantities sufficient to control the number of discharges. If there be great pain and tenesmus, codeine sulphate added to the bismuth mixture acts charmingly, far better than opium or morphine, and with less harm. The “sinking feeling” at the pit of the stomach is generally amenable to hot fomentations or a belladonna plaster; vomiting, which also sometimes accompanies the diarrhœa, often yields to half-grain doses of carbolic acid in peppermint water, though it usually is not of sufficient importance to demand attention unless it occur after each effort to take nourishment.

PAIN.

One of the most distressing features is “cramps” in the muscles of the leg and thigh, and neuralgic pains—particularly sciatica. For this, fifteen grains of methozin (antipyrin) is dissolved in sixty minims of distilled water, and a half injected over the seat of the greatest pain, the other half close by. A sharp, stinging sensation follows, persisting for a half minute, succeeded by a complete subsidence of the pain. My experience corroborates that of Germain Sée: that in methozin, injected be-

neath the skin, we have an agent even more powerful than morphine for the relief of nervous pain.

DISTURBANCES OF CIRCULATION.

For remedying this important group of symptoms I have found nothing superior to the well-known lines: food, alcohol, recumbent posture, warmth, friction of the extremities, etc. Milk punch usually meets all the requirements, and cannot be improved upon. Here hot sponge baths, once daily, are useful, and give a sense of comfort. In weak heart digitaline has proven utterly valueless in my practice; atropine is better.

NERVOUS SYMPTOMS.

For the nervous symptoms other than delirium and sleeplessness, *i. e.*, for the general uneasiness and anxiety, I often prescribe:

R Tincturæ hyoscyami
Elixir potassii bromidi āā f3j
Misce. Sig: Dessertspoonful three or four times
daily—to be gradually diminished.

When convalescence is established, tincture of nux vomica affords much satisfaction—five to ten drops in half a glass of water before meals, and an iron tonic is of service one hour after meals.

CONCLUSION.

In conclusion I would say:

1. With these new remedies we pass the "ordeal" of withdrawal far more satisfactorily than heretofore.
2. Many baths are avoided, because too weakening.
3. The physician gives each dose himself, so that for a day or two after complete suspension of the pure drug water may be injected to relieve the patient's mind.
4. Complete cure (permanent) can be effected much more frequently than authors would lead us to suppose.
5. With competent, trustworthy nurses and hospital confinement it is not a difficult disease to treat.
6. During convalescence the patient is constantly assured of the permanency of the cure—a sort of non-hypnotic "suggestion."
7. Before discharge, ample explanation is made regarding the necessity for carefully avoiding the use of the drug for any disease within a period of at least two years.
8. Not the least important element of success is attention to the daily life of the recuperating invalid: nutritious food, abundant exercise, proper sleep, freedom from worry, and, to end all, a pleasure trip if possible.

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R—Pulv. Aloes, 2 grs. | Pulv. Rose los, ¼ gr.
" Mastic ¼ " | M. ft. one pill.

Lady Webster Dinner Pills. This is an excellent combination officinally designated as Aloes and Mastic, U. S. P. We take very great pleasure in asking physicians to prescribe them more liberally, as they are very excellent as an aperient for persons of full habit or gouty tendency when given in doses of one pill after dinner.

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(WM. R. WARNER & CO.)

(Dr. Fothergill.)

Pulv. Ipecac, ½ gr. | Strychnine, 1-20 gr.
Pulv. Pip. Nig. 1½ gr. | Ext. Gentian, 1 gr.

The above combination is one of Dr. Fothergill's recipes for indigestion and has been found very serviceable. In some forms of Dyspepsia it may be necessary to give a few doses, say one pill three times a day, of Warner's Pil. Anticonsumption.

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The dose of Iodide of Iron Pills is from one to two at meal times; is recommended and successfully used in the treatment of

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In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results that the compound should be perfectly protected, and so prepared as to remain unalterable.

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(Dr. Goodell.)

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Powd. Capsicum, 1-10 gr.
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Strychnine, 1-60 gr. }
Ext. Belladon, $\frac{1}{2}$ gr. }

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Caulophyllin $\frac{1}{80}$ gr.
Med. prop.—Emmenagogue. Dose, 1 to 4.

Corrosive Sublimate, $\frac{1}{12}$, $\frac{1}{20}$, $\frac{1}{40}$ and $\frac{1}{80}$ gr.
Med. prop.—Mercurial Alternative.
Dose, 1 to 2.

Digitallin $\frac{1}{80}$ gr.
Med. prop.—Arterial Sedative. Dose, 1 to 2.

Elatorium, (Clutterbuck's) $\frac{1}{80}$ gr.
Med. prop.—Diuretic, Hydragogue, Cathartic.
Dose, 1 to 2.

Ext. Belladonna, (English) $\frac{1}{2}$ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Ext. Ignatia Amara $\frac{1}{2}$ gr.
Med. prop.—Nerve Sedative. Dose, 1 to 2.

Ext. Hyoscyam, (English) $\frac{1}{2}$ gr.
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Ext. Nuc. Vomica $\frac{1}{2}$ and $\frac{1}{2}$ gr.
Med. prop.—Nerve Stimulant. Dose, 1 to 3.

Gelsemin $\frac{1}{2}$ gr.
Med. prop.—Emetic, Diuretic, Cathartic.
Dose, 1 to 2.

Hyoscyamia $\frac{1}{80}$ gr.
(Crystals Pure Alkaloid.)
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Med. prop.—Anodyne.

Morphina Sulph. $\frac{1}{80}$ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Morphina Sulph. $\frac{1}{2}$ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

Morphina Sulph. $\frac{1}{2}$ gr.
Med. prop.—Anodyne. Dose, 1 to 2.

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Dose, 1 to 3.

Strychnina Sulph. $\frac{1}{2}$ gr.
Med. prop.—Tonic. Dose, 1 to 2.

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IN DOSES OF 10 to 20 GRAINS.

CHICAGO, ILL., Oct. 28th, 1886.

BROMO SODA.—My attention has been called to your recent preparation entitled "Bromo Soda." It was, I believe, first prepared by you partly at my suggestion. It consists of the Bromide of Sodium and the Hydrobromate of Caffeine, in the proportion of thirty to one. It is designated, as I understand, by means of the combination of the Caffeine with the Bromide, to counteract the depressing effect of the latter. I have carefully considered the separate and combined effects of these drugs, and can, as I do, heartily commend the preparation you have made and offer for the use of the Medical profession. After a long and careful experience with the various Bromides in the treatment of those affections of the nervous system that embrace unhealthily exalted reflex excitability, and in general nervousness, I have arrived firmly at the conclusion, that the Bromide of Sodium is as valuable as any member of its class as a *Bromide*, and is greatly preferred, as compared with the Bromide of Potassium, on account of the greater toxic or poisonous effect of Potassium salts upon the human organism, as compared with those in which Sodium is the base. In the vast majority of cases in which the Bromides are used the vigor of nutrition is already lowered. It is, therefore, a matter of very considerable consequence to select that particular member of this important group of therapeutic agents that, while it secures the depressing or quieting effect desired, nevertheless exercises in the way of pernicious influence the least on the vigor of nutrition, or in other words the reparative power of the body. I am thoroughly clear in my mind that the Bromide of Sodium should be substituted for the more commonly, and as I may say almost universally, employed Bromide of Potassium. I feel so strongly in this matter, that I am more than willing to make this the occasion for stating clearly and at length, my views, with the hope that for the benefit of the vast mass of nervous invalids, for whom these agents are prescribed, they may have the slight but decisive advantage that will result from the proposed change. If you shall be able to exert a favorable influence in effecting this through the manifold channels at your disposal, the change I feel certain ought to be made, you will confer a boon of no small degree upon nervous invalids.

TO MESSRS. WM. R. WARNER & Co.

Most respectfully yours,

J. S. JEWELL, M. D.

[An extract from a paper by Professor E. M. Hale, Chicago, Ill.]

BROM. SODIUM AND CAFFEINE.—These two medical agents have been combined by Wm. R. Warner & Co., under the name of Bromo-Soda, and in the form of an effervescing salt. This is a great improvement over the salt which contained Bromide of Potassium. All the potash salts are highly objectionable, if taken for any length of time; Potash destroys the integrity of muscular tissue, causing weakness and paralysis of its fibre. For this reason the Iodide of Soda has superseded the Potash salt, and Bromide of Soda is now used altogether instead of the Potash salt, in the treatment of mental and nervous disorders. I have met with many cases of cardiac disorder, simulating dilatation and mitral disease, which I found to have been caused by the long continued use of Potash Salts of Iodine and Bromide. On substituting the Soda salts the heart soon recovered its normal condition. The union of these two medicines appears at first glance singular; Bromide of Soda causes contraction of the arterioles in the brain, Caffeine increases the arterial tension in the same vessels by increasing the tonicity of the heart. The former lessens reflex irritation—the latter heightens reflex sensibility.

Yet, this combination has been found very useful in sleeplessness and other states of the depressed nervous system. I have found it very valuable in hysterical or hypersensitive patients. Doubtless, in some manner not already explained, one drug modifies the action of the other. For the unpleasant results of excessive brain work, or anxiety and worry of mind, this combination acts better than the Bromide alone. A single dose is generally sufficient. E. M. HALE, M. D.

NON ANGUIS IN HERBA.



A knowledge of what the physician is prescribing is essential to the correct application of therapeutics. A competing firm has said to the Medical profession and to the public that their preparation of Caffeine was imitated. They do not give the name of the firm, neither do they give the composition of the remedy they are advertising, how therefore, could there be any imitation practiced? The assertion is a slur on the intelligence of the Medical profession. How could the Doctor be expected to do otherwise than prescribe Effervescent Bromo Soda (containing Caffeine 1 grain, and Bromide Sodium, grs. 30, in each dessertspoonful), as published to the profession; or Bromo-Potash (containing Bromide of Potash, 20 grs., Caffeine, 1 gr.? Hence we say:—"No snake in the grass," meaning that it is not a secret remedy, and such as the doctors can use with confidence with better and more certain effect. Prescribed in dessertspoonful doses in half a goblet of water, and taken while effervescing. In all cases of headache, migraine, insomnia, nervousness, etc., please specify Bromo Soda or Bromo Potash (W. R. Warner & Co.) to avoid disappointment in therapeutic effect by substitution.

**PRESCRIBED BY THE LEADING DOCTORS
THROUGHOUT THE COUNTRY.**

Agents in Kansas City:

Woodward, Faxon & Co.

Meyer Bros. Drug Co.

CORRESPONDENCE.

DR. TIFFANY'S CASE OF HYPERMETROPIA.

Editor Kansas City Medical Index:—In the April number of your journal there is a report of a case of high degree (8 D.) of hypermetropia, by Dr. F. B. Tiffany. With reference to it I would say that while such high degrees of hypermetropia are not common they are occasionally met with, and are scarcely rare enough to merit reporting.

Dr. Tiffany in his paper says: "The main points of interest, as they appear to me, are the high degree of hypermetropia, the alternating concomitant squint, same amount of vision in either eye, the extreme shortness of the eyeball, the small disc," etc., etc.

With all due respect to the doctor, I would say of the alternating squint that equal vision for either eye is the rule, as is also the condition in H. of the shortened antero-posterior axis of the eye. And with reference to the size of the optic disc, which Dr. Tiffany considers small, and which he puts at 5 mm. in his case, I would say that 5 mm., instead of being a small diameter for the optic disc is at least three times greater than the normal—the average actual size being one and four-tenths millimetres.

The calculation for the determination of the size of the disc involves a problem in mathematics somewhat complex, and is not of easy solution. The factors to the problem are—when obtained—subject to errors; these errors arising mainly from the difficulty of taking observations exactly at given distances from the observed eye; the difficulty of the observer as to his correct estimate of the distance of projection, and the impossibility of exactness in the determination of the refractive index in the media of different eyes.

I would add that, while the rule for measuring the size of objects at the fundus of the eye is well established, the application of the rule at best gives only an approximation of exactness. In no event could 5 mm. be considered a small diameter for an optic disc.

Very respectfully,

B. E. FRYER.

1224 Broadway, Kansas City, Mo., }
April 30, 1890. }

CARBOLIC ACID POISONING.

Editor Medical Index:—Those of your readers who read an abstract of "A Fatal Case of Carbolic Acid Poisoning" in the January INDEX and the criticism of the antidotes used, in the March number, will readily understand and appreciate the following extract of a letter from one of the best authorities in the United States upon such subjects.

Respectfully, S. T. RICHMAN, M. D.

Princeton, Kansas.

S. T. Richman, M. D., Princeton, Kansas.

DEAR DOCTOR:—In reply to your letter of March 29th, I can say that there is no doubt that you made use of the best antagonist, and the proof of this is afforded by your complete success.

The paragraph in my treatise on *Materia Medica and Therapeutics* explains the source of the information, and gives an account of the reasons why the antagonism exists.

The source of my information and the first knowledge of the antagonism were obtained by Dr. Post, the eminent surgeon of New York, and I am indebted to him for a verbal communication on the subject of the effects of atropine in removing the disturbances of function caused by a lethal dose of carbolic acid.

Soon after, I undertook, in my laboratory at Jefferson College, an elaborate investigation, which confirmed the results obtained empirically by Dr. Post. Yours very truly,

ROBERTS BARTHOLOW, M. D.
Professor in Jefferson Medical College, etc.

BOOK TALK.

LITERARY NOTES.

Among recent interesting reprints may be mentioned: *Diphtheria and Diphtheroid*; by C. Lester Hall, M. D., Marshall, Mo.—*Enucleation of Tuberculous Glands*; by Thomas W. Kay, M. D., Scranton, Penn.—*Sanitary Entombment*; by Rev. Charles B. Treat, Rector of the Church the Archangel, New York City.—*The Decimal System of Writing Prescriptions*; by C. U. Merrick, M. D., Seattle, Washington, Professor of *Materia Medica and Therapeutics* in the Medical Department of the University of Washington.

D. Appleton & Co., of New York, have issued a neat little volume on *Monthly Nursing*, written by A. Worcester, A. M., M. D., Physician to the Waltham Hospital, Waltham, Mass. The book is well written. The author begins with a good sentence: "The perfect nurse must be healthy"—(and every physician should insist upon it), and succeeding phrases sustain the favorable impression engendered by it.

EDITORIAL.

To advertisers the question of circulation is of prime importance. Other things being equal, an advertisement placed in a journal reaching three thousand subscribers will be read by six times that number of persons as one having a circulation of only one thousand. To subscribers the circulation of a favorite journal is also of interest; it is quite a satisfaction to say: "I am taking the *most successful* of all western journals." Some time ago the INDEX made the statement that "*there is no monthly medical journal published west of Philadelphia having*

a greater circulation than the KANSAS CITY MEDICAL INDEX (the *Medical Brief* of St. Louis, alone excepted.") The latest statistics show this declaration to be correct. According to Geo. P. Rowell & Co.'s Newspaper Directory, just received, the INDEX has a greater circulation than the St. Louis *Medical and Surgical Journal*, Chicago *Medical Standard*, Detroit *American Lancet*, Cincinnati *Medical News*, New Orleans *Medical and Surgical Journal*, Brooklyn *Medical Journal*, Buffalo *Medical and Surgical Journal*, Gaillard's *Medical Journal*, *Archives of Pædiatrics*, *College and Clinical Record*, all of the Texas journals, Canadian journals, Ohio journals (except the *Lancet-Clinic*), Georgia journals, Indiana journals, Maryland journals, Minnesota journals, and in fact those of nearly all the states. It has a circulation equal to that of the *Western Medical and Surgical Reporter* of Chicago, *Southern Clinic* of Richmond, *Medical and Surgical Reporter* of Philadelphia, *Medical Monthly* of Memphis, and nearly equal to that of the *American Journal of Medical Sciences*, *Annals of Surgery*, *Medical Age*, *Lancet-Clinic*, and most of the other leading medical publications of America. There are barely a dozen American journals having a larger circulation than the INDEX,—the *Medical Brief* of St. Louis being credited with more than 25,000, the *Medical World* of Philadelphia with more than 20,000, the *Therapeutic Gazette* of Philadelphia with 12,500, the *Medical Summary*, *Medical Bulletin* and *Annals of Hygiene*, all of Philadelphia, each more than 5,000; two others about the same. Of course the weekly journals have a large circulation, but the statistics are a little surprising. The New York *Medical Record* leads with 12,500, the New York *Medical Journal* has 5,000, the Boston *Medical and Surgical Journal* 2,000, the St. Louis *Weekly Review* 4,000, the *Journal of the American Medical Association* more than 5,000, *Maryland Medical Journal* (Baltimore) 1,500, Cincinnati *Lancet-Clinic* exceeding 4,000, Philadelphia *Medical News* 4,000, and the Philadelphia *Times and Register* 2,000. So the INDEX stands almost at the front in circulation, and justifies the statement that it is one of the few journals of this country that pays a handsome income to the editor and publisher.

Turning from one kind of a directory to another, inspection of the Physicians' Directory of the United States, issued this year by R. L. Polk & Co., of Detroit, shows some interesting things. There are, for example, 102 regular medical colleges in the United States, distributed as follows: Alabama 1, Arkansas 2, California 3, Colorado 3, Connecticut 1, District of Columbia 3, Georgia 3, Illinois 5, Indiana 3, Iowa 3, Kansas 1, Kentucky 4, Louisiana 1, Maine 2, Maryland 6, Massachusetts 2, Michigan 3, Minnesota 2, Missouri 9, Nebraska 1, New Hampshire 2, New Jersey 1, New York 8, North Carolina 1, Ohio 9, Oregon 2, Pennsylvania 5, South Carolina 1, Tennessee 7, Texas 2, Vermont 2, Virginia 2, Washington 2. Canada adds to this number 14: Quebec having 4,

Ontario 7, Nova Scotia 2, and Manitoba 1. There are 10 Post-Graduate Schools, or "Polyclinics." Of medical journals Alabama has 1, California 7, Colorado 2, Connecticut 2, Georgia 4, Illinois 14, Indiana 5, Iowa 2, Kansas 1, Kentucky 3, Louisiana 1, Maryland 4, Massachusetts 8, Michigan 13, Minnesota 3, Missouri 18, Nebraska 1, New Hampshire 1, New York 52, North Carolina 1, Ohio 16, Pennsylvania 22, Tennessee 5, Texas 4 and Virginia 4—total 197.

And then the names of the doctors! What an assortment there is. One is Luckie, another is Shure, quite a number are Good; several are Noble, but one is Nott. There is an Ague in Pennsylvania, a region singularly free from malaria. Coffins are numerous (of course), but only two Tombs are to be found, with several Sextons. There necessarily is a Wall, because there is a McGinty; but, strange to say, there is no Sea, though there is a Seaton. One naturally expects to find Cattle, because there are a number of Steers. Some lady has had Triplets, and two have had Pyles. Money is not to be ignored in the practice of medicine, hence an examination reveals the fact that there are only three that are really Poore, though one has a Shilling, and others Dollars while some are running Newbills. Strange to say, there are only two Boozers in the whole medical profession, although there are only two who can always be said to be Sober, and one is always Beery. There is a Dr. Mass (whose first name is not Blue), a Pellett, a Seidlitz, and Tarwater. The physicians of this country are not without Cheek, although there are only two Hornblowers, and but few Swindles. There are many Slaughters, probably because of the Cutters and Butchers, and one Mangle may have had to do with it. There is one Newborn, one Shinn, a number of Bones, a Mussel, a Rash, a Pain, a Life, three Ills, a Diet, a Death, a number of Lances, Lights, Livers and Lungs, as well as Bowels, and one who is Nothing. There are Bitters, and Bloods, Kile, Kime, and DeKay, two only who are truly Able. Strangest of all, one can find but one School among the ninety thousand doctors of the United States.

EDITORIAL NOTES.

DERMOID CYST AND PREGNANCY.—Dr. A. W. Felter, of Fulton, Kansas, reports a case in the *Medical Standard* for March. It occurred at Blue Mound in the practice of Dr. Babcock. He was called to a confinement case requiring help; Dr. Kirkpatrick was sent for, and on his arrival the patient was placed under chloroform. On examination an abnormal growth, the size of a quart cup, was found presenting. Dr. Kirkpatrick removed this, and it proved to be a dermoid cyst. It contained a matted ball of hair the size of a hen's egg, as well as a hair

rope eight inches long, well twisted and very strong. There was also an elongated, ossified mass, heavy at the base, with ears about two and a half inches long on what appeared to be the forehead. The ears were somewhat round and dentated. On the back of the base of the forehead was a tooth. In the cleft below the forehead were other teeth. Olfactory hairs, similar to those of the felidæ, were found on the face. The body was covered with hair three inches long. The whole body was encysted. On its removal, a dead child, which had evidently arrived at term, was expelled. The patient claims to have had symptoms of tumor for several years.

NORTH-EASTERN KANSAS DISTRICT MEDICAL SOCIETY.—This body will meet at Atchison on the first Tuesday in June, with the following programme: "The Best Method of Conducting Non-Operative Midwifery"—Joseph Haigh, M. D., of Grenada. "Progress of Medicine and Surgery during the Past Year"—Dr. G. W. England, of Valley Falls. "How to Treat Diphtheria"—Dr. R. B. Taylor, of Circleville. "Sympathetic Ophthalmia"—J. E. Minney, M. D., of Topeka. "Nasal Disease"—Dr. D. P. Paddock, of Netawaka. "How shall we Treat the Diarrhoea of Teething Children?"—Dr. J. L. Love, of Whiting. "Is Specific Treatment a Humbug?"—Dr. Riggs, of Muscotah. "Report of a Case of Abscess of Frontal Sinus"—Dr. Grant Cullimore, of Atchison.

CLINICAL TEACHING IN THE UNIVERSITY MEDICAL COLLEGE.—The University Medical College of this city is attempting to make its course as purely clinical as possible, and has made the innovation of having a clinic held every day. The schedule for next year will be:

- Monday—Venereal Diseases, Prof. Geo. W. Davis.
- Tuesday—General Medicine, Prof. J. Brummell Jones.
- Wednesday—Nose, Throat and Chest, Prof. Jas. E. Logan.
- Wednesday—General Surgery, Prof. James P. Jackson.
- Wednesday—Diseases of Women, Prof. Chas. W. Adams.
- Thursday—Diseases of Children, Dr. Clay S. Merriman.
- Thursday—Diseases of the Skin, Prof. Geo. W. Davis.
- Friday—General Medicine, Prof. J. Brummell Jones.
- Friday—General Surgery, Prof. John T. Eggers.
- Friday—Railroad Surgery, Prof. Willis P. King.
- Saturday—Orthopædic Surgery, Prof. Emory Lanphear.
- Saturday—General Surgery, Prof. Eugene R. Lewis.
- Saturday—Diseases of Eye and Ear, Prof. F. B. Tiffany.

With the almost unlimited sources from which to draw clinical material, this ought to attract many students to the city. It is believed there is no school in America having more clinical instruction than above outlined.

THE DANGER OF MISCARRIAGE.—The query is often made: Why is a miscarriage more dangerous than a natural labor at term? Prof. Wm.

Goodell, in a recent clinical lecture (*Practice*, Feb. 20, 1890), answers this question as follows: Because the very fact of a miscarriage implies some lesion—something abnormal; because, the placenta not being fully formed, the chorion villi are attached to the whole surface of the womb, and some portions of the membrane are liable to remain behind and cause either hæmorrhage or septicæmia. Then again, the cervix is not effaced, and the small canal is liable to close up on the retained fragments. A criminal abortion is still more dangerous, because gestation is abruptly interfered with before any detachment of the membranes has taken place, and their retention is therefore far more likely to happen than in an honest miscarriage. A stung or decayed apple falls from its bough at the slightest breeze; while, to pull off a healthy green one, demands a force which often snaps the bough from which it hangs. This illustrates the difference between a natural miscarriage and a criminal abortion. In the former, the process of detachment is slow and usually complete. In the latter, the detachment is violent, incomplete and traumatic. The result is, retention of the membranes, from which come serious hæmorrhages and still more serious septic infections. Should the patient fortunately escape these, she hardly will escape an arrest of involution, and its resulting discomforts.

TUBERCULOSIS CURED BY OPIUM AND WHISKY.—Dr. Thomas A. Pope, of Cameron, Texas, reports (*Medical and Surgical Reporter* April 5) a case of phthisis where the patient was in bad condition and accidentally acquired the morphine habit, taking from four to seven grains hypodermically. After beginning the use of the morphine he commenced taking whisky—about twelve ounces a day—which he had previously been unable to take. With the establishment of the morphine habit the spread of the disease ceased. He also relates a case of a man supposed to be dying of consumption, to whom opium was given for a chronic diarrhœa; the opium habit was rapidly acquired, and for sixteen years he has had comparatively good health. He naturally asks: What arrested the disease? There is nothing in the physiological action of morphine to lead us to suppose, *à priori*, that it would arrest tuberculosis; but sometimes clinical experience has shown properties in drugs quite different from those which the laboratory has shown, or experiments have led us to conclude. An interesting investigation would be to ascertain what proportion of morphine habitués die of tuberculosis.

TUMOR OF THE PANCREAS.—Prof. Waldo Briggs, M. D. (*St. Louis Med. and Surg. Reporter*), records a case of successful diagnosis and removal of tumor of the pancreas. The patient, a German woman of forty-five, had a history of occasional spasms of the stomach, extending back one year; chronic gastritis, with constant vomiting, the food often tinged with blood, increasing emaciation, abdominal enlargement dependent upon ascites. At this time she came under the surgeon's observation,

who, after removing the fluid, which contained small bodies showing hyalid degeneration, found a smooth, hard tumor in the epigastric region, extending over to the hypochondrium. From the symptoms already mentioned, along with the fact that the tumor moved but slightly on respiration, he concluded it to be located in the pancreas. The patient made a good recovery, and is now attending to her duties.

WHAT IS "UNPROFESSIONAL CONDUCT"?—This question has often been asked; it is now settled by law. In the bill to regulate the practice of medicine recently passed by the Oregon Legislature, there is a clause providing for the revocation of licenses for "unprofessional conduct," which is defined in the bill as follows: First, the procuring, or aiding or abetting in procuring, a criminal abortion. Second, the employment of what are known as "cappers" or "steerers." Third, the obtaining of any fee on the assurance a manifestly incurable disease can be permanently cured. Fourth, the willfully betraying of a professional secret. Fifth, all advertising of medical business, in which untruthful or improbable statements are made. Sixth, all advertising of any medicines or of any means whereby the monthly periods of women can be regulated, or the menses reestablished if suppressed. Seventh, conviction of any offense involving moral turpitude. Eighth, habitual intemperance.

PEPSIN CORDIAL.—The extraordinary delicacy of the digestive ferments causes their administration to be attended with some difficulty. Unless thoroughly familiar with the peculiar conditions under which they operate, and their behavior toward other medicaments used in the treatment of indigestion, there is danger of their being destroyed. This applies with particular force to pepsin, and it is safe to say that 90 per cent. of the elixirs, wines and essences of this medicament as now supplied to the trade are either absolutely inert, or will become so, with the lapse of time—a statement which experience will amply confirm. Messrs. Parke, Davis & Co. have long aimed to prepare a satisfactory vehicle for the presentation of pepsin, but until recently their efforts were not more successful than those of other manufacturers. Now, however, they have prepared in Pepsin Cordial a product which is at once therapeutically active, and absolutely permanent, at the same time elegant in flavor. It is possessed of all the properties peculiar to pepsin; will dissolve egg-albumen or other proteid matter, and curdle milk. It is one-third the strength of saccharated pepsin, and an average dose of the ferment is therefore contained in a comparatively small bulk. A sufficient proportion of aromatics has been added to render it a grateful stimulant to the peptic glands, thus exciting a natural secretion of gastric juice. One fluidrachm will dissolve 1,000 grains of albumen under the conditions specified in Parke, Davis & Co.'s modification of the official test for determining the value of pepsin. Pepsin Cordial is essentially an artificial gastric juice containing all the elements which are essential to gastric digestion.

THE WILLIAM F. JENKS MEMORIAL PRIZE.—The Second Triennial Prize of four hundred and fifty dollars, under the deed of trust of Mrs. William F. Jenks will be awarded to the best essay on "The Symptomatology and Treatment of the Nervous Disorders following the Acute Infectious Diseases of Infancy and Childhood." The conditions annexed by founders of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians and Surgeons of Philadelphia." The prize is open for competition to the whole world, but the essay must be the production of a single person. The essay, which must be written in the English language, or, if in a foreign language accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1891, addressed to Louis Starr, M. D., Chairman of the Wm. F. Jenks Prize Committee. Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay. The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year. The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

LITTLE ITEMS.

Dr. F. W. Brown, of Pueblo, Colo., died a few weeks since.

Dr. C. D. Cummings, of Lake City, Colorado, recently married Miss J. Gilmore.

That of Dr. S. T. Chews, of Fayette, Mo., is one of the latest deaths among the medical profession of the state.

Dr. Harry Wood, of this city, ex-police-surgeon, was lately married to Miss I. Webster.

Dr. J. S. Cunningham has changed from Dallas to Fort Worth, Texas.

Dr. D. E. Mason has moved from Valley Ford to Cloverdale, Tono-mo Co., California.

Dr. A. J. Cammack has removed from Bosqueville to Waco, Texas, to engage in the practice of his profession.

The North-western Medical College, of St. Joseph, Mo., had a graduating class of 15 members January 20.

Two hundred and twenty persons received the degree in medicine from Jefferson Medical College, Philadelphia, April 2.

There are 40,000 Kanakas in New Caledonia, of whom, says the *Times and Register*, one-eighth are lepers.

The partnership heretofore existing between Drs. E. R. Lewis and W. T. Lampton has been dissolved, Dr. Lampton having retired and removed to Chicago, Ill., where he will engage in practice.

Dr. Alonzo Garcelon, of Maine, was in the city March 11. He is an ex-Governor of Maine, and perhaps the most prominent physician in all New England.

Dr. H. A. Hare, editor of the *Medical News*, has just been appointed Clinical Professor of Diseases of Children at the University of Pennsylvania, *vice* Dr. Louis Starr, resigned.

A brief but pleasant call is acknowledged from Dr. A. W. Leigh, of Stockton, Kansas. He reports medical matters in his part of the state as in a very satisfactory condition.

Dr. R. L. Thompson, late editor of the *St. Louis Medical Review*, has located at Spokane Falls, Washington. He was disgusted with St. Louis as a field of practice.

The *American Druggist* says it was the veritable castor-oil plant which miraculously sheltered Jonah, and not a *gourd*, as translated in King James's version.

Cholera rages in Mesopotamia, Asiatic Turkey. Three thousand deaths are reported, with more following. It may reach America during the coming summer.

The *Medical Standard*, speaking of an operation done by three prominent Kansas doctors, puts it thus: Drs. Morgan of Clay Center, Tyler of Clifton and Houk of Wayne recently successfully removed a woman from an ovarian tumor.

Dr. E. G. Eppler, of Fort Smith, Ark., suggests (*Medical Standard*) that the frequent occurrence of phthisis among lunatics and the animals in menageries is due to the spread of the disease from one to another because of want of isolation.

The Marion Sims School of Medicine is the name of a new institution of St. Louis. So far as the faculty has been decided upon, it includes some of the best-known men in the South-west.—*N. Y. Medical Journal*.

Dr. Wm. T. Belfield, 612 Opera House Building, Chicago, Ill., U. S. A., respectfully solicits information concerning unpublished cases of operations upon the prostate, especially for the relief of the so-called hypertrophy of the organ.

Dr. Nicholas Senn, of Milwaukee, and Dr. Christian Fenger, of Chicago, have been elected Professors of Surgery in the Chicago Polyclinic. In addition to clinical work, they will present a special course in abdominal surgery twice yearly.

"Awake, my soul; *Stretch every nerve*; and press with vigor on." —Philip Doddridge, 1702—1751. (Recommended as a religious stimulant in his *Zeal and Vigor in the Christian Race*.) This is said to be the first authentic reference to the surgical practice of nerve-stretching.

Dr. William Goodell, Professor of Gynæcology, University of Pennsylvania (Medical Department), has been invited by the Committee of the Gynæcological Section of the Tenth International Medical Congress to deliver the introductory address in that section. The Session convenes at Berlin, August 4th, next.

Dr. G. Frank Lydston, editor of the *Western Medical Reporter*, of Chicago, has been invited to deliver the opening public address at the Kentucky State Medical Society, which meets at Henderson May 14. He will speak upon "*Materialism versus Sentiment in the Study of Crime*."

The South Kansas District Medical Society met at Wichita Tuesday, May 6. The following papers were upon the programme: Puerperal Peritonitis—B. Hamilton, M. D., Douglas, Ks. Malarial Fevers—W. B. Dewees, M. D., Salina, Ks. Empyæma—W. W. Cave, M. D., Oatville, Ks. Report of Cases—J. W. McCracken, M. D., Sterling, Ks.

In acute rheumatism, remember that the salicylate of soda should be given in doses of seven and one-half grains every three hours until the pain disappears. Too great importance cannot be attached to the frequent repetition of the dose. After the pain has ceased, the dose should become less frequent.

Dr. G. Frank Lydston, of Chicago, says that the obstinate headaches of both late and early syphilis, whether associated with cranial bone lesions or not, are benefitted by frictions of the scalp with hydrarg. oleat. 10 per cent. In obstinate cases a blister to the nuchia, followed by mercurial plaster, is quite effective.

Dr. L. D. Bulkley's antipruritic ointment is made as follows:

R	Camphor	
	Chloral. hydrat.	āā 3j

Misce. Rub together until a liquid results, then add aquæ rosæ f3j.—*Coll. and Clin. Reporter*.

In falling off of the hair, a writer in the *Lancet* recommends the following, a little to be rubbed on every night:

R	Tinct. jaborandi	3ss
	Lanolin	3iij
	Glycerin.	3ij

Mix by the aid of a little soft soap.

Dr. Charles C. Partridge, a well-known and promising young physician of this city—a valued contributor to the INDEX—has left the city and located at Hyde Park, Mass., a suburb of Boston with a population of about ten thousand. The doctor will carry with him the good wishes of many professional friends, with the hope that he may meet the immediate and permanent success he so well deserves.

Dr. A. A. Henske advises, as an injection for leucorrhœa:

R	Chlorate of potash	30 grammes
	Tinct. of opium	30 grammes
	Tar-water	470 grammes

M. Sig.: Two or three tablespoonfuls to a quart of water, used night and morning.

The practice of cremation is so largely on the increase that it has been decided to build a new furnace at the cemetery of Père la Chaise, Paris. The furnace at present in use is kept burning night and day, a system which permits of the complete destruction of the corpse in less than an hour. It is hoped that with the new furnace the same result may be obtained in three-quarters of an hour.—*Medical and Surgical Reporter*.

The following is quoted from the *Gazette Med. Lomb.*, and is claimed to be very effectual in the treatment of warts:

Acid. salicylic	gr.xv
Alcohol	mxvj
Ether	mxl
Collodion	dr.iss

M. S. Apply daily to the warts.

For incomplete abortion Prof. Parvin recommends the following treatment: Dilate the cervix by means of Hegar's hard rubber dilators; extract the remains of the uterine contents by Emmett's curette forceps, cleansing them each time of removal by dipping it in a carbolic acid solution (weak). After all material is removed, swab out the entire inner uterine surface with tincture iodine (Churchill's) by means of cotton wrapped over an applicator.

Dr. Horatio C. Wood (*University Medical Magazine*) recommends this mixture as an excellent expectorant:

R	Ammonii chloridi	3ij
	Apomorph. hydrochlor.	gr.j
	Mist. glycyrrhyzæ comp.	
	Syrupi	āā f̄jiss

Misce. Sig.: Dessertspoonful every two or three hours.

Dr. Steffen, of Regensburg, warmly recommends the following application for chapped hands (in farm-laborers, laundresses, etc.):

R	Mentholi	1.5 grammes
	Saloli	2.0 grammes
	Olei olivarum	2.0 grammes
	Lanolini	50.0 grammes

Misce ft. unguentum. Sig.: to rub into the hands twice daily.

The Indian Territory Medical Association met at Atoka, January 18, Dr. B. F. Fortner, the president, presiding. In the absence of the regular secretary, Dr. W. R. Thompson, of Oklahoma City, was elected Secretary *pro tem*. Drs. Treadwell, E. L. Loomis, W. W. Vannoy, H. C. Nash, R. I. Bonds, E. G. Wands and John A. Cobb were elected to membership. Papers were read by Drs. Rucker, Thompson, Bagby and Lankford. The Association adjourned to meet at McAllister next June.

Dr. F. E. Waxham, in a paper recently read before the Chicago Medical Society, states that the *frequent* use of iron in full doses, free stimulation, abundance of nourishment, watchful care, antiseptic gargles and washes for the throat and nose, strychnia and digitalis in case of depression, and the bichloride of mercury when the larynx becomes invaded, are our sheet-anchors in the treatment of diphtheria, and no specific remedy can displace them; while isolation, ventilation and disinfection are safeguards that never should be omitted.

The favorite prescription of Mr. Jonathan Hutchinson for psoriasis is:

R	Acid chrysophanic.	gr. x
	Liq. carbonis deterg.	mx
	Hydr. amm. chlorid.	gr. x
	Adip. benzoat.	3j

Misce, fiat unguent. At night the patient should wash the diseased surfaces free from all scales; then, standing before a fire, rub on the ointment, devoting, if possible, half an hour to the operation. This proportion of chrysophanic acid is not irritating, and stains the linen but slightly. With some cases, even a weaker chrysophanic ointment is entirely sufficient. Internally, Mr. Hutchinson prescribes arsenic, though he is not convinced that it is an important adjunct.—*Times and Register*.

According to the Paris correspondent of the *British Medical Journal* M. Moncorvo has treated many infantile diseases with strophanthus, and comes to the following conclusions: As a diuretic, and for combatting cardiac disturbance, strophanthus is invaluable in infantile therapeutics. Its action is prompt and energetic; it is perfectly innocuous. The tincture in mitral or aortic lesions with irregularity and deficient secretion of urine restores cardiac tone, regulates the rhythm and strengthens the pulse. In infantile pneumonia or broncho-pulmonary affections, accompanied by cardiac weakness, strophanthus is a valuable heart-tonic. M. Moncorvo has not observed any marked influence on the nervous system or temperature. The action of strophanthus persists long after the treatment has been discontinued. M. Moncorvo employed an alcoholic tincture, in doses varying from four to twenty-eight drops in twenty-four hours.—*Medical News*.

The superintendent of the Kansas Institution for the Deaf and Dumb claims that the best-known cause of deafness, aside from specific disease, is the intermarriage of blood-relations. In proof of this assertion, he says that nearly five per centum of the pupils who have been connected with his institution were children of either immediate or remote relationships; and these are the relationships which he mentions: Children of first cousins; children of second cousins; children of third cousins; and one child is catalogued whose paternal grandmother was half-sister to paternal grandfather. Is this not running the relationship question a little too far? Could we not, in any institution, find probably one-twentieth of the pupils who were children of first, second or third cousins, or whose maternal grandmother and maternal grandfather had so far forgotten themselves? It seems to us that a good one-twentieth of the population could prove their parents guilty of one of one of these relationships; and, if so, the superintendent's assertion has no weight.—*Times and Register*.

"*The Independent*," of Indianapolis, May 3, '90, has the following in reference to Moses T. Runnells, M. D., President of the Missouri Institute of Homœopathy: We notice that our energetic erst-while fellow-townsmen, Dr. M. T. Runnells, now of Kansas City, who will long be remembered here for his exhaustive labors in behalf of pure drinking water, and practically inaugurated the driven-well system of this city, covered himself with glory as president of the Missouri State Society of Homœopathic Physicians, at its annual meeting at the Lindell Hotel, St. Louis, last week, before whom he delivered a masterly address on "Health and Study," an elaboration of his claim that "college methods are responsible for a vast number of shattered physical constitutions." The Kansas City *Journal* last Sunday published the address in full.

THINGS.

FAME'S PINNACLE.—Bob—My dad's a 'squire, and gits his name in the paper every day. Tom—(contemptuously)—That's nuthin'. My dad took Jinks liver pills and got his picter in the paper.—*Pittsburgh Bulletin*.

FOR GASTRIC DERANGEMENTS.—"Robinson's Lime Juice and Pepsin" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is similar as a digestive agent to many other similar goods. (See page 26, this issue.)

FOR ANÆMIA.—In the management of anæmia, malnutrition and kindred disorders of the blood, there is said to be nothing equal to Dree's Liquor Ferri Albuminati, of which Lehn & Fink, of New York, are sole agents. Especial stress is laid upon the fact that this preparation is dispensed only upon physicians' prescriptions (unlike so many other things upon the market). It possesses the advantage of being miscible with milk and other albuminates, and not disturbing digestion. Samples are furnished gratuitously upon application.

WHEN DOCTORS DISAGREE.—Government clerk (to friend).—"I'm in a frightful hole. I went to see two doctors yesterday, and got a medical certificate from each. One was a certificate of health for a life insurance company, and the other was a certificate of illness to send to the chief with my petition for a week's leave of absence." Friend—"I've done that myself. What's the matter?" G. C.—"Matter! Great Scott! I mixed the certificates in mailing them. The insurance company has my certificate of ill health, and the chief has my certificate of good health."—*Boston Beacon*.

THE THERAPEUTICS OF HÆMOGLOBIN COMPOUND.—The predigestion of foods has done much for the dietary of invalids and convalescents from acute disease, or with anæmia and enfeebled digestion. It must be admitted, however, that many cases require frequently in devitalizing diseases some efficient method of rapid nutrition, capable of ready absorption without taxing the digestive functions, to combat the anæmia. This is furnished most naturally by the circulating medium itself—blood containing the elements of nutrition in an assimilable form—and a preparation of bullocks' blood entitled "Hæmoglobin Compound" has been

prepared which seems to meet the indications admirably. Experiments with this preparation have been in progress by its author, Dr. F. E. Stewart, for ten years past, and Hæmoglobin, as now marketed by Parke, Davis & Co., is the result. This preparation has many advantages as a nutrient stimulant, and samples of it and literature descriptive of its application will be furnished physicians on request.

CHRONIC SYPHILITIC SALIVATION.—A. W. Furber, M. D., L. R. C. S., says: I have for a long time had a gentleman—patient under my care for disease of the teeth, and, although my operations progressed favorably, I had many difficulties to contend with. The whole of my patient's teeth appeared to have a syphilitic taint, and with increased flow of saliva amounting to chronic salivation. These were not the only troubles I had to surmount; but that which retarded my work most was the repeated recurrence of syphilitic ulcers of the sulcus and gums generally, which, though not painful to my patient, was still a source of considerable discomfort, and militated greatly against the success of my operations. IODIA having come under my notice, I was inclined to give it a trial, and with the addition of a small proportion of liq. hydrarg. bichlor., taken daily before meals for a time—also used occasionally as a mouth-wash—the salivation became normal, the mucous membrane assumed a more healthy state and the teeth generally looked like coming back to their original color.

HYSTERIONICA BAYLAHUEN.—Parke, Davis & Co. announce that they have obtained genuine supplies of this promising plant, and are prepared to furnish samples to physicians of a fluid extract for further trial. This plant, which is a native of Chili, has been brought forward in the Feb. 28th number of the *Bulletin Generale Therapeutique*, by Dr. Baille, and also before him by Carvallo, of Valparaiso, as a remedy of very considerable value in gastro-intestinal troubles, such as dysentery, colitis, and flatulence from intestinal dyspepsia. The conclusions reached by Baillie as to the drug are as follows, after having studied in each portion of the body seriatim: "It is an excellent remedy for diarrhœa, and acts very well in dysentery of the acute and chronic type, and bids fair to replace the balsams in the treatment of maladies of the respiratory passages. In genito-urinary troubles hysterionica is of great value, favorably modifying the secretion of the urine and diminishing the bad odors. It can also be used in collodion as a dressing for ulcers, and seems under these circumstances to act very much like the tincture of benzoin."

LISTERINE.—In the March number of the *London Medical Recorder* appears the following article, commendatory of a well-known American product: "Listerine is an antiseptic and deodorizing preparation, which has for many years been a favorite with American surgeons. Its qualities are due to the essential antiseptic constituents of thyme, eucalyptus, baptisia, gaultheria and mentha arvensis, in combination with which is associated a stated quantity of benzo-boracic acid. Experience points to its reliability in obtaining that condition of asepsis which is the ideal of every surgeon, and it has the distinct advantage of being fragrant and non-poisonous. Its antiseptic and anti-fermentative properties are not confined to lesions of the surface structures, and it is largely used for internal medication, in doses of a teaspoonful, in suitable cases. It does not coagulate serous albumen, and it is thus free from the drawback which so markedly limits the action of such agents as corrosive sub-

limate, most of which are moreover, extremely poisonous. Listerine, then, is an agreeable and powerful antiseptic and deodorizer, well-adapted for ordinary surgical work, available for internal administration, and useful for gargles, mouth washes and lotions, for which purpose it may be employed without hesitation, seeing that no mishap can occur, even in unskilled hands."

EFFERVESCENT SALTS.—Dr. G. W. Pickerell, in the *Medical Free Press*, says: There are many late achievements in pharmacy, making the life of the physician much more pleasant, not only to himself, but also to his patients. In this line the "Granular Effervescent Salts" take high rank for "beauty," agreeableness, and value as therapeutic agents. Being attractive to the eye, generally pleasant to taste, and agreeable to the most delicate stomach, they have a strong backing for commendation. I wish especially to call attention to a few of these elegant preparations, those which have been constant fixtures in my office outfit for daily use for the past four or five years: Effervescent Bromo Soda. (W. R. Warner & Co.) This is a combination of Caffeine gr.j and Bromide sodium grs.xxx. After its use personally for several years, and prescribing it in a large number of cases, I must be pardoned if I speak enthusiastically of it in nervous headache. This difficulty being so often met with a prompt, pleasant and effectual remedy is a boon indeed. This the physician has in Bromo Soda. A nervous headache, resulting from over-work, study, worry, debility, etc., from one to three doses will in a short time put new life and vigor in the sufferer. From personal experience I can speak of this agent in the most positive terms. And that is, its almost magic effects after it has been necessary to use an opiate for some time, until that peculiar disagreeable sensation, so often felt in the brain, is produced. A dose of Bromo Soda drives this sensation from the brain as rapidly as the sun will a "fog" from dark places. The sensation to the patient reminds him of a mist disappearing at the approach of sunlight. The head is left as "clear as a bell" in a few minutes. A teaspoonful in half a glass of sweetened water, drank at once, is a very grateful, sparkling drink. Granular Effervescent Citrate of Magnesia is another preparation of superior worth. Far superior to the usual liquid form. "Crab Orchard Salt," an exact analysis of the Crab Orchard Spring, producing the effect of that valuable agent. Messrs. W. R. Warner & Co. have presented to the profession a long list of "Effervescent Salts," many of them of superior value as therapeutic preparations.

CERTAINTIES IN THE USE OF HYDRASTIS.—With the exception of cocaine, no remedy has grown more rapidly in favor with therapeutists than hydrastis. Though new to many physicians it is an old remedy, and has been known and prized by a certain number of physicians for many years, but it now receives the commendation of the highest medical authorities. Bartholow says: "As a remedy for intermittents, hydrastia ranks next to quinia, and will generally succeed where the latter fails. It asserts the same powers over enlargement of the spleen." He gives it first place in all affections of mucous surfaces, and says: I have seen no injection so uniformly successful in gonorrhœa as hydrastia—grains fifteen to the ounce of mucilage of acacia, or the fluid extract diluted to one-half or three-fourths with water." Prof. Paul F. Mundé, of New York, recently announced that certain affections within the cavity of the uterus, heretofore regarded as incurable, should be no longer so

regarded, as under the proper use of hydrastia they were all curable; while the fluid extract, used undiluted as a topical application, quickly cured leucorrhœa, vaginal or uterine, and ulcerations and erosions of the cervix. In affections of the mouth it is equally effective; and in various affections of the stomach and intestines, notably gastric catarrh and duodenal catarrh accompanied by catarrh of the gall-ducts and jaundice, it is the most certain of all remedies. It is also the best substitute, given in sufficient doses, for the alcoholic stimulant, when its habitual use is to be abandoned. The evidence which could be collected as to the superior worth of hydrastis as a remedy would fill a volume. We can say that the medical profession are indebted to the Wm. S. Merrell Chemical Co., of Cincinnati, more than to any other manufacturers, for their thorough investigation of the medicinal constituents of this drug. They prepare "Fluid Hydrastis," which is an established remedy of unusual merit: they have recently introduced two preparations of the white alkaloid of the drug, which are free from the objectionable coloring properties of the berberine, and will commend themselves to many practitioners to whom this feature is an objection. Furthermore, we would say: To all those who are unacquainted with it we commend hydrastis, and to those who know and use it we commend the preparations of the Wm. S. Merrell Chemical Co. as the very best the market affords, According to *Drugs and Medicines of North America* they are the largest consumers of Golden-Seal Root in the world.—*Massachusetts Medical Journal*.



Above is given a cut of the Bacteriological Laboratory of the University Medical College of Kansas City, thoroughly equipped with thermostats and incubators, sterilizers and all other necessary apparatus, and with all of the cultures (imported from Berlin). The apparatus for this Laboratory is a duplicate of that used by Professor Koch in his laboratory in Berlin.

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See notes above on Solution Bismuth and Hydrastia.

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INDEX TO ADVERTISEMENTS.

	PAGE.		PAGE
Baker, W., & Co., Cocoa,	28	New Home Sewing Machine Co.,	27
Battle & Co., Preparations,	30	N. Y. Pharmacal Ass'n, Lactopeptine,	3
Bromidia and Papine,	7	Omaha Medical College	18
Brinkley, J. B., & Co.,	7	Parke, Davis & Co., Preparations, 4th cover.	
Buffalo Lithia Water	10	Philips, Chas. H., Chemical Co., Cod	
College of Pharmacy, Kansas City	7	Liver Oil Emulsion 1st cover.	
Crittenton, C. N., Preparations, . . 2d cover.		Polk, R. L., & Co., Medical and Surgical	
Davis, G. W. St. Louis Courier Medicine	21	Register of the U. S.,	22
Emsie, E. T. W., Pharmacist	7	Reed & Carnrick, Preparations,	30
Fellows, James I., Hypo-phosphites, 3d cover.		Pearson & Co., R. I., Surgical Instruments	9
Foster, Dr. Hal., Professional Card,	16	Robinson, R. A., & Co., Preparations,	
Goode, Thos. F., Buffalo Lithia Water,	10	Rowell, Geo. P., & Co., Advertising,	
Goodman Drug Co., Instruments, etc.,	18	Rumford Chemical Works, Horsford's	
Hamilton, Claude C., Urinalis	7	Acid Phosphate, 2d cover	
Health Monitor Co., <i>Health Monitor</i>	24	Scheffer, E., Pepsin,	27
Illustrated Medical Journal Co., Instru-		Schleffelin, W. H., & Co., Preparations	4
ments,	17	Scott & Bowne, Preparations,	23
Index, Advertising Space for Sale	7	St. Louis Courier of Medicine	21
Kansas City College of Pharmacy,	7	Surgical Instruments	8
Lambert Pharmacal Co., Preparations,	23	Tarrant & Co., Seltzer Aperient	26
Lehn & Fink, Preparations,	27	The W. S. Merrill Chemical Co.,	9
Love's Drug Store,	16	Treat, E. B., Medical Annual,	25
Maltine Mfg. Co., Maltine,	24	Warner, Wm. R. & Co., Preparations, Inset.	
McClintock, Dr. J. C., Professional Card	16	Wichita Medical College,	8
McKee, E. S., M. D., Professional Card	16	Wyeth, John, & Bro., Preparations,	17
Merrill, The W. S. Chemical Co., Ferro-		Zener, M. L., Life Insurance	9
Salicylate,	15		

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From the *New York Medical Journal*, March 22, 1890, we quote a brief resume of some experiments recently made with Hydrastinine in gynecological practice:

Dr. Edmund Falk, of Berlin, gives an account of this new alkaloid, $C_{17}H_{19}NO_4$, which is formed, along with oclanic acid, by gently heating a mixture of hydrastine and nitric acid and precipitating with an alkali.

Dr. Falk has made repeated experiments with Hydrastinine, and suggests it as a remedy in the treatment of uterine hæmorrhages as being much more prompt and sustained in its action than ergotine. Report is made of twenty-six cases systematically and successfully treated with it. The twenty-six patients received in all four hundred injections of Hydrastinine hydrochloride in the form of a solution varying from five to ten per cent. There was no noticeable local irritation following these injections at any time. The patients were unanimous as to the painlessness of the applications and the freedom from that subsequent discomfort which so often arises from the use of ergotine. The discoverer is making further investigations, the results of which are to appear in due course in the *Archiv für Gynäkologie*.

HYSTERIONICA BAYLAHUEN:

A Remedy for Acute and Chronic Diarrhœa and Dysentery.

THIS plant, which is a native of Chili, has been brought forward in the February 28th number of the *Bulletin Général de Thérapeutique* by Dr. Baillé, and also before him by Carvallo, of Valparaiso, as a remedy of very considerable value in gastro-intestinal troubles, such as dysentery, colitis, and flatulence from intestinal dyspepsia.

We have pleasure in informing physicians that we have obtained genuine supplies of this drug and will furnish literature descriptive of it and samples for investigation on request.

Eligible Antiseptics, Anodynes and Digestives.

THE antiseptic and sedative treatment of intestinal disorders is a deservedly popular one and in this class of remedies we would remind physicians of the Antiseptic Yellow Oxide of Mercury Tablets which have proved of so much service in septic forms of dyspepsia, and prophylactic against diarrhœa and dysentery. Samples mailed on request.

A preparation of much value as a sedative, anodyne and antispasmodic in disturbances of the digestive tract incident to summer is Chloranodyne. This formula is an improvement upon the Chlorodyne of J. Collis Browne, M.R.C.S.L., which has long been established in favor abroad.

The reputation of our pepsin products for purity and digestive activity, as compared with others made, has been thoroughly established. In digestive disturbances and for preparing predigested foods for infants and invalids, our pepsin and pancreatin preparations will be found most convenient and reliable. We may mention the following forms in which we supply these agents:

Pepsinum Purum in Lamellis, Pepsinum Purum Pulvis, Saccharated Pepsin, U.S.P., Lime Juice and Pepsin.

Glycerole Pepsin concentrated, Pepsin Cordial, Liquid Pepsin, U.S.P., Lime Juice and Pepsin.

Digestive Tablets, Lactated Pepsin Tablets, Pepsin and Bismuth Tablets, Pepsinum Purum Tablets (3 grs., sugar-coated), Peptonizing Tablets, Pancreatin, Pure, Saccharated, and Pancreatin Liquid Concentrated.

All information desired by physicians as to our pepsin and pancreatin products, preparing predigested foods, our general line of standard medicinal preparations, pharmaceutical specialties, and latest therapeutic novelties and improvements in methods of medication will be promptly furnished on request.

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